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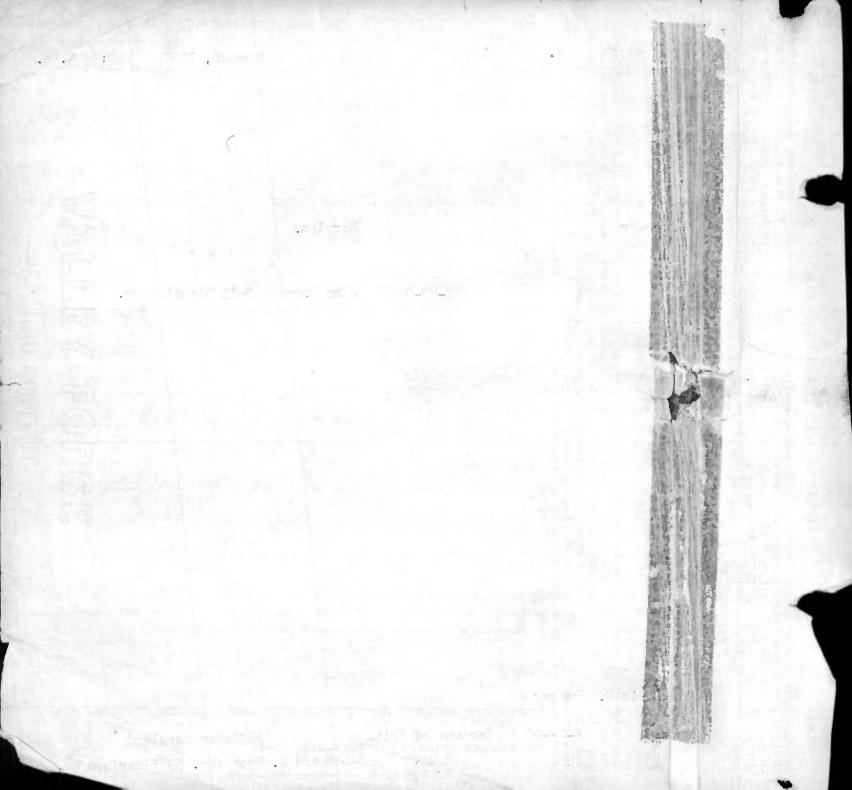
TO

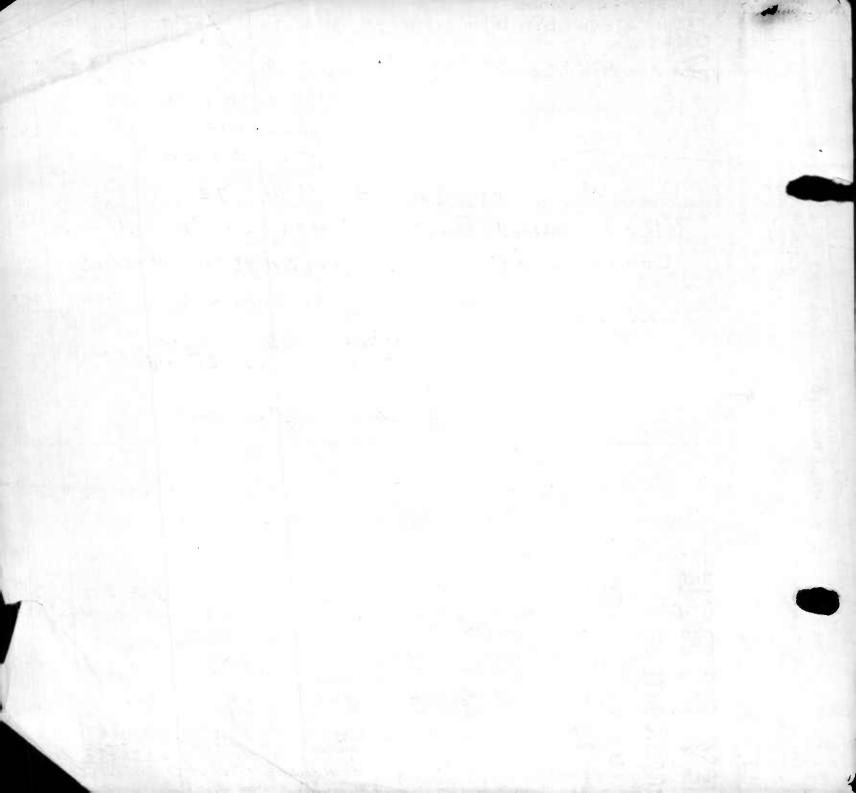
IMPORTANT

FUNERAL DIRECTOR:

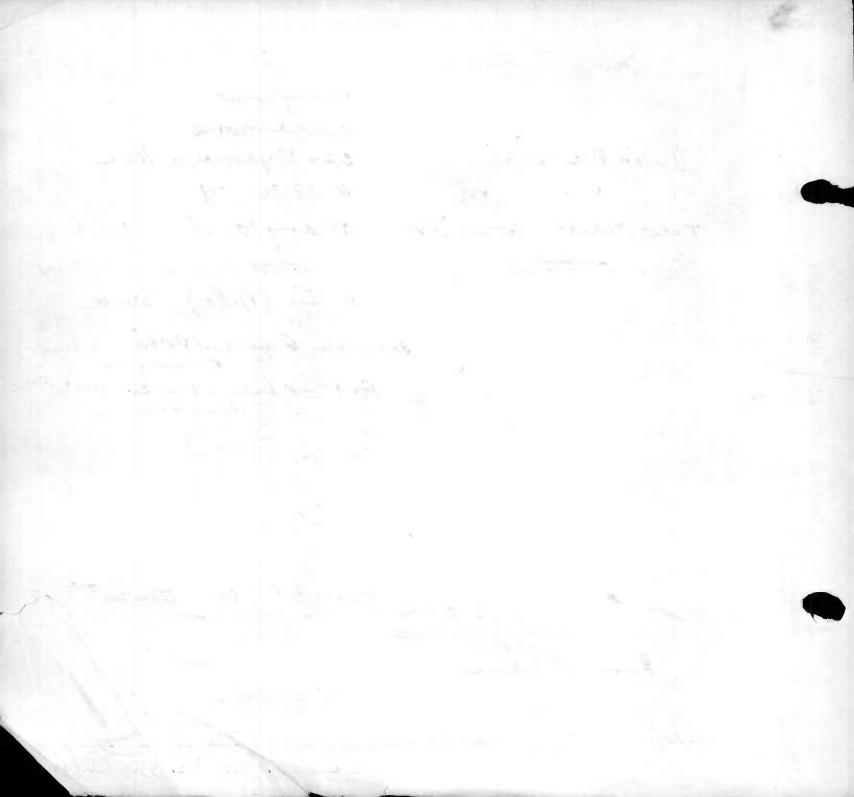
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT





VS 150-REV. 1/1/65



BIRTH NO. 67 6004 CERTIFICA	ATE OF DEATH Registered No	67 6004
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print) Mary R. Dennis aka Mary R. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Hopkins 6/20/1967 2:/-	Assitution: residence before admissi
FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or location)	A. STATE Maryland	Ce.
INSTITUTION	Baltimore	NURAL and give township)
manygud que feospilal	D. STREET ADDRESS (If rurol, give locotion)	
5. SEY 6 RACE 7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)	9. AGE (In eors lost binhold)	If Under 1 Yr. If Under 24 H Months Doys Hours Min
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI done tyring most of working life, even if retired) Waitress	IT 11. BIRTHPLACE (Stote or foreign country) Alabama	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7.7.7
Dennis 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Ruby ?	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 219-05-2096	α	ADDRESS
	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)	arcinoma of tonque	e. 3 years
(This does nat mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	. /	
ANTECEDENT CAUSES (8) DUE TO	·	** ***********************************
DISEASES OR CONDITIONS, if ony, giving		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTO 7342 (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OF DEATH (notify medical examiner) 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID (If in Baltimore office bldg., INJURY OCCUR?	e City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.)	21F. HOW DID INJURY OCCUR?	
22. I certify that (1) (this hospital) attended the deceased from	1-1	122 167
that (I) (we) last saw the deceased alive on		nion death accurred on the
ond hour ond from the causes stated above. (1) (We) (did) (did not)	,	
23A. SIGNATURE M.D. A	ttending Med. Stoff	23B. DATE SIGNED
23 C. PHYSICIAN'S	lys. Director Phys.	6/20/67
Daniel C Wilborom ME	I all Da all a	e
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C		ity, town, or county) (State
Burial 6/22/1967 New Cathedral	Cemetery Baltimore, Ma	armal and
25A. DATE REC'D BY HEALTH F 1. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS ADDRESS
JUN 22 1967 R. Conto E. Fredryma	Wm. J. Tuesmen LS	in not

1 (2) December 1 and the second of the secon

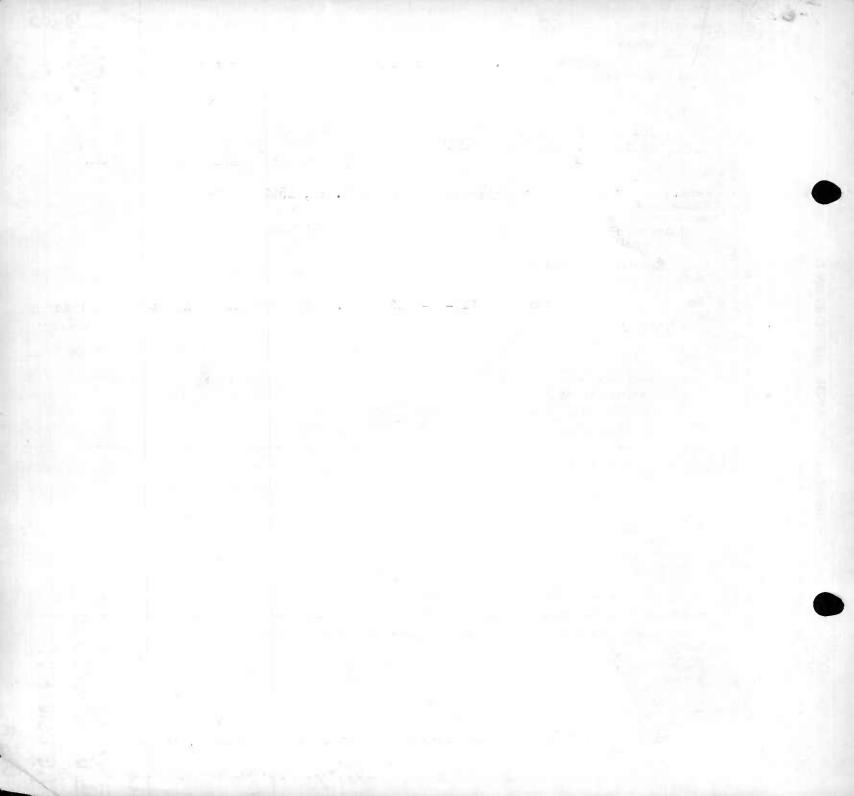
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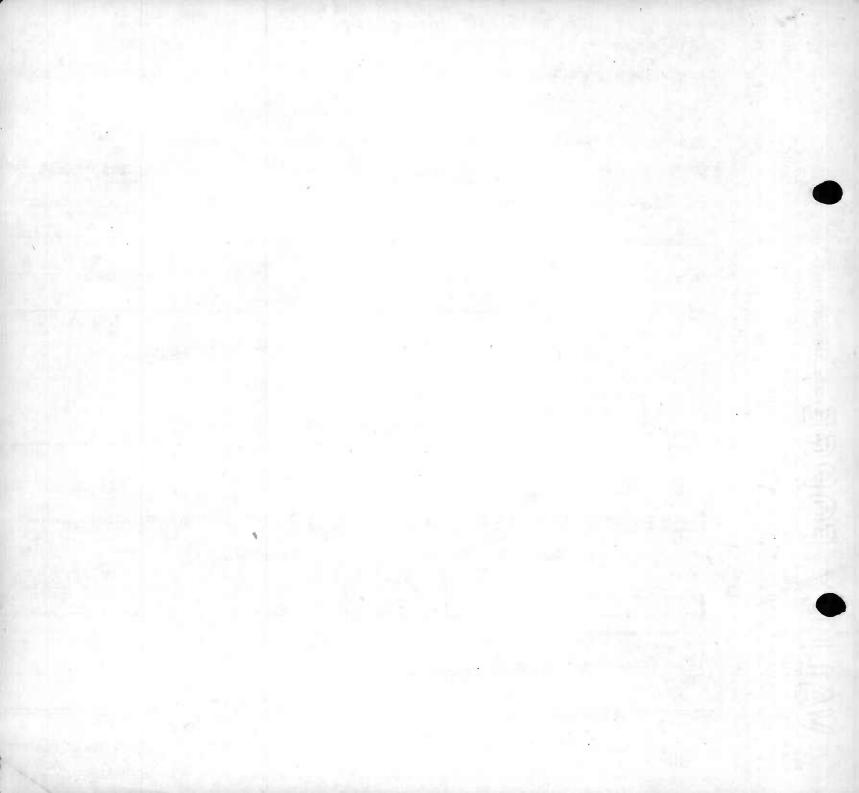
Partie - Takes

Must be a second

		ALTH DEPARTMENT	Registered No.	67 6005
M.E. CASE NO.	ERTIFICATE	OF DEATH		
(Type or Print) Lillian Catherine	II a a b A a		HOUR OF DEATH	, 77
3. PLACE OF DEATH IN BALTIM 5. MARYLAND	4.	USUAL RESIDENCE (Where	e 20, 1967	institution; residence before admissio
CERTIFICATE AMENI	DED A	Maryland	Y	
HOSPITAL OR oddress or location) INSTITUTION	6-30-67 c.	CITY OR TOWN (If outs	ide city limits, write	RURAL and give township)
Union Memorial Hospital		Baltimore STREET ADDRESS (If ro	iral, give location)	6/00
77		6530 Walther		6
5. SEX 6. RACE 7. MARRIED, NEVER WIDOWED, DIVO		ATE OF BIRTH 9.	AGE (In years ast birthday)	Manths Doys Haurs Min,
Female White. Widowed		April 20, 1899	66 68	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE done during most of working life, even if retired)	SS OR INDUSTRY 11.	BIRTHPLACE (State or foreign	n cauntry)	12, CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, 1	Md.	
13. FATHER'S NAME	14.	MOTHER'S MAIDEN NAM		
John Gerhold		Christina	M.	Stecher
15, Was Deceased Ever in U. S. Armed Farces? 16. SOC		NFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SEC	URITY NO.	r. William Ger	hold 653	O Walther Avenue
18.422.1	CAUSE OF DI			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		neaux Oll	11.	ONSET AND DEATH
LEADING TO DEATH	(A) 107	newy our	eune"	
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. 11 means the disease,	DUE TO	ertennis.	0 1.	
injury or complication which caused death.)	pfer 11	elleryng -	million	sudne
ANTECEDENT CAUSES	DUE TO	**************************************		
DISEASES OR CONDITIONS, if any, giving	Dire	are		
rise la lhe abave cause (A) stating lhe UNDERLYING CONDITION lost.	(C) 117 V			
II II				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	MAI	eno Sile		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	win	no nee	TO TO!	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 21B. PLACE	PERATION	20 A. AUTOPSY? (Yes or No)		FINDINGS CONSIDERED AUSES OF DEATH?
	OF INJURY (e.g., in or	obout 21 C. WHERE DID	(If in Baltima	re City, give exact location)
OR CONTRIBUTING CAUSE OF home, form,	factory, street, office	bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY	OCCUPRED	21F. HOW DID INJU	ny Occiles	
While At -	Not While	211. HOW DID INJU	RT OCCUR:	
(APPROX.) Work	Al Work		A. a	t
22. I certify that (I) (this hospital) attended the dece	osed from	19	66 to fe	me 2/ 19/7
that (I) (we) lost sow the deceased alive on		ond the	in (my) (out) op	inion death occurred on the d
and hour and from the couses, stated above. (1) (We)	did) (did not) view			
23A. SIGNATURE				23 B. DATE/SIGNED
1 11 1 myeren	M.D. Attending	Med. Director P	toff	6/22/67
23C. PHYSICIAN'S		ADDRESS	hys. 🗆	2 20/
NAME (Type)	M.D.	5420 woll	RIV	motorinia a
- VVV I SVIEW		JUNUMIUNC	160	1140 411 /4
REMOVAL (Specify)	CEMETERY of CREMA	TORY / 24D. LO	CATION	City, town, or county) (State
Burial 6/23/1967 Wood	lawn Cemeter	y	Woodlawn,	Md.
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGIS	TRAR	25C. FUNERAL DIRECTOR	, 1	balto- nucl.
/S 150-REV 1/1/65	We's	Winip. Icer	morro	multiply

IRTH NO.					Registered No.	67 6006
A.E. CASE NO.	6/	b UR	36 CERTIFICA	IE OF DEATH	ittegrores tree	
NAME OF DECEA	ASED			2. DATE	AND HOUR OF DEATH	
Type or Print)	Minna	K.	Taylor	Ju	ne 17, 1967	920 A
PLACE OF DEAT	H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W		/ //
				Maryland	JNIT	
FULL NAME OF HOSPITAL OR	(If not in hospital address or location	or institution, i)	give street		autelda citu limite unito	RURAL and give township)
INSTITUTION	Post Usaber	ald Po	29	Baltimore	outside city littles, wille	27
	L East Highf:		21218		(If rurol, give location)	6/-//
DO Ba.	ltimore, Mary	/ La nu	STSTO			21210
• SEX 6	. RACE	7 AAABBIED	, NEVER MARRIED	B. DATE OF BIRTH	ghfield Road	If Under 1 Yr. , If Under 24
_		WIDOWE	D, DIVORCED (specify)	The state of the s	(last birthdov)	Months Doys Hours Mir
Female	White		dowed	Feb. 19, 1892	75	
	ATION (Give kind of work orking life, even if retired)	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fo	areign country)	12. CITIZEN OF WHAT COUNTRY?
Housewi				Marylan	.d	
3. FATHER'S NAME		l		14. MOTHER'S MAIDEN N	AME	
Con	rad Knal	200		A	Plant.	
	ver in U. S. Armed For		1 6. SOCIAL	Anna 17. INFORMANT	Fleck	ADDRESS
es, no or unknown)	If yes, give wor or dote	s of service)	SECURITY NO.	THE WATCHEN		VDDKE22
No	Non	ne	217-34-8712	Mrs. Anne Gra	smick 513	Stevenson Lane
18. 191.	2 1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DIR	ECTLY				
	EADING TO DEATH		(A) ME	TASTATIC C	ARCINOMA	YEARS
	I mean the mode of sthenia, etc. II means		DUETO			,
	lication which caused					
injury or comp						
injury or comp	lication which caused	death.)	(B)			
DISEASES OR	lication which caused NTECEDENT CAUSES CONDITIONS, if above cause (A)	death.) any, giving	(B)			
DISEASES OR	lication which caused NTECEDENT CAUSES CONDITIONS, if	death.) any, giving	(B)			l l
DISEASES OR	lication which caused NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	death.) any, giving stating the	(B)			l l
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OTHER SIGNIFITO THE DEVELOPMENT OF CONTRIBUTE OF INJURY (APPROX.) 21. I certify that (I) (wer) I and hour and	Il CANTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last. IL CANT CONDITIONS CATH BUT NOT RELA ONDITION CAUSING (DEPERATION 198. CON WAS PERION (NO. 198. CON	death.) any, giving stating the ONTRIBUTIN TED TO TH. DITION FOR ORMED 21E (Hour) 21E (W) Wd	G G E WHICH OPERATION S. PLACE OF INJURY (e.g., in ne, form, foctory, street, of the control	20 A. AUTOPSY? (Yes or or obout 21 C. WHERE DID fice bidg INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING CA (If in Boltimon NJURY OCCUR? . 19 2 10 thot in(my) (****) op	FINDINGS CONSIDERED LUSES OF DEATH? THE City, give exact location)
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DISEASES OR rise to the UN DERLYING OTHER SIGNIFITO THE DEVELOPMENT OF COLOR CONTRIBUT DEATH (notify not continued to the control of the con	ication which caused NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITIONS CATH BUT NOT RELA ONDITION CAUSING CAUSE OF MAS PERFORMED (CAUSE OF Medical examiner) Month) (Day) (Year) Month) (Day) (Year) hot (1) (**his hospital ast saw the decease from the causes state of the causes of th	death.) any, giving stating the ONTRIBUTIN TO THE T	G E WHICH OPERATION E PLACE OF INJURY (e.g., inne, form, foctory, street, of the deceased from the de	20A. AUTOPSY? (Yes or fice bidg., INJURY OCCUR? 21F. HOW DID II 22F. HOW	No) 20B. IF YES, WERE IN CERTIFYING CA (If in Boltimot NJURY OCCUR?	FINDINGS CONSIDERED CUSES OF DEATH? The City, give exact location) 19 10 10 10 10 10 10 10 10 10
DISEASES OR rise to the UN DERLYING OTHER SIGNIFITO THE DEDISEASE OR COLOR TO THE DESTRUCTION OF CONTRIBUTE DEATH (notify not	ication which caused NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITIONS CATH BUT NOT RELA ONDITION CAUSING CAUSE OF MAS PERFORMED (CAUSE OF Medical examiner) Month) (Day) (Year) Month) (Day) (Year) hot (1) (**his hospital ast saw the decease from the causes state of the causes of th	death.) any, giving stating the ONTRIBUTIN TO THE T	G G E WHICH OPERATION C. PLACE OF INJURY (e.g., in ne, form, foctory, street, of ne, form, foctory) INJURY OCCURRED At Work The deceased from (I) (We) (did) (did not) v M.D. Atternation Attended from M.D. Attended f	20 A. AUTOPSY? (Yes or no obout 21 C. WHERE DID fice bidg., INJURY OCCUR? 21 F. HOW DID II e and and siew the body after death and sending Med. Director 22 D. ADDRESS	No) 20B. IF YES, WERE IN CERTIFYING CA (If in Boltimot NJURY OCCUR?	FINDINGS CONSIDERED CUSES OF DEATH? THE City, give exact locotion) 19 1 inion death occurred on the 23B. DATE SIGNED 6/20/67 BANGER OF THE COUNTY COUNTY (State)

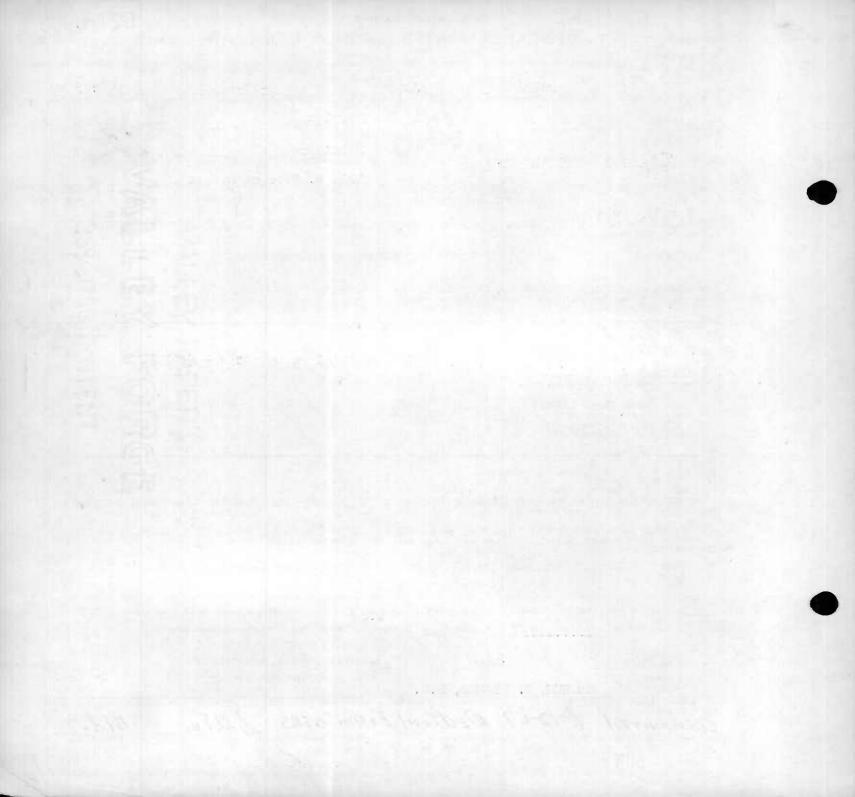




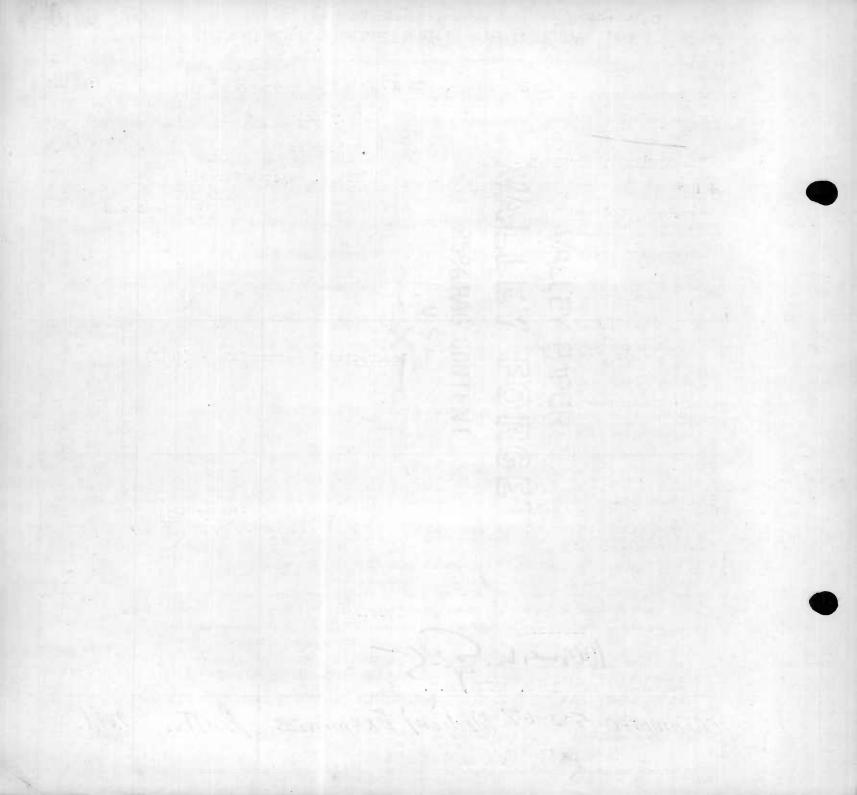
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12/31/9 TELEGES CLIFA BALTIMONE CHIN OF MD HESP 6 OF TOLANGE ST. # 2/3 ! Frame WAR PERSONES 11/28/26 m.D. USA Hormoneyla HT HOVE ADELE FILESI SAMMET VENIARS MAR SEVERSAM L HOUSE MEANING BRYPTOCOCCAR MENUMERTS MOS >10 VIZS HODGKINS DES NA 2 3/31/3 (2) 81/9 wellin K varge The world the way then the company that the company that I

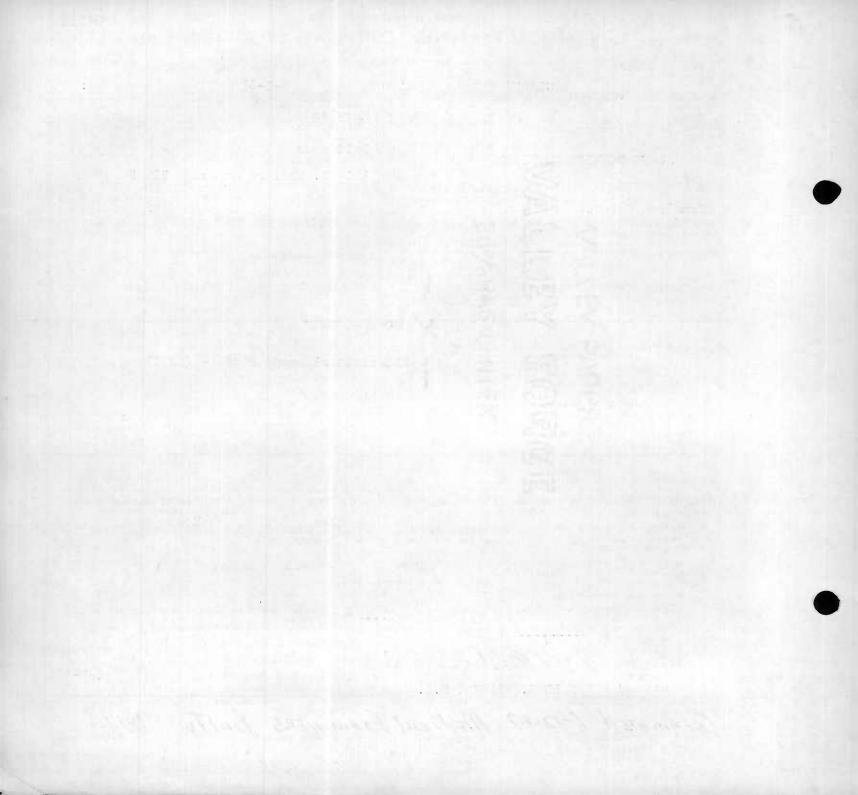
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VS 151-REV. 1/1/65

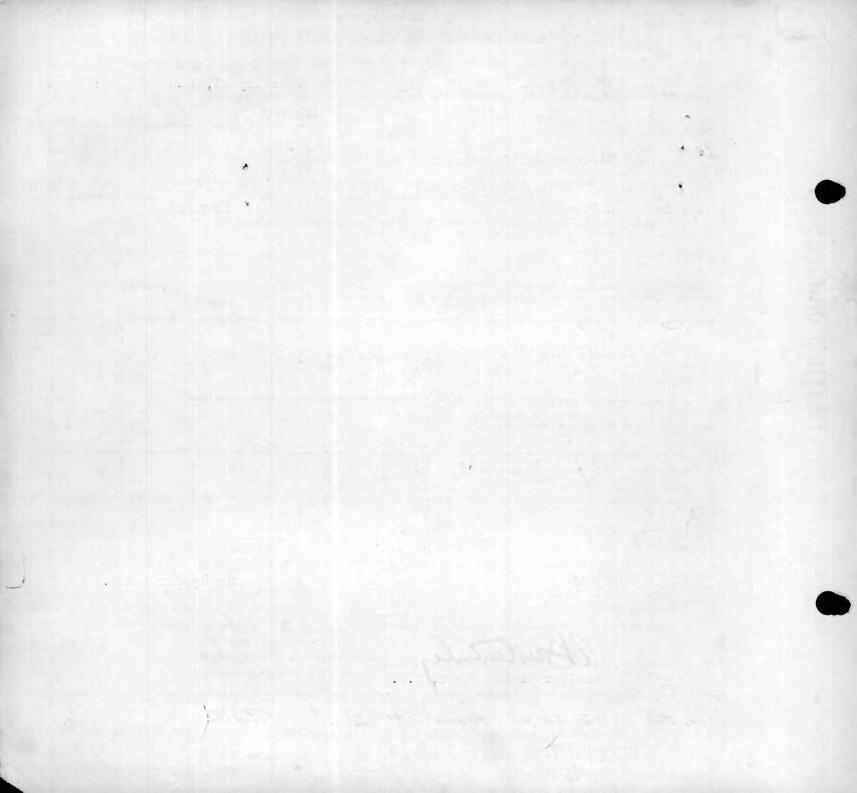


M.E. CASE NO.	43	ICAL EXAMINER'S C					
Type or Print)					HOUR PRONOUNG	CED DEAD	6 00 434
B. PLACE IN BA		LADYS FERGUS	4. USUAL RESI		•		6:30 AM _{M.} dence before odmission
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	'AL OR INSTITUTION, GIVE STREET ATION)	Marylan c. city or to Baltimo	WN (If outside	e corporate limits, writ	e RURAL o	nd give township)
Ј ОН	NS HOPKINS HO	SPITAL - DOA	D. STREET ADD			21202	
Female	6. RACE Colored	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	B. DATE OF BIR	ГН	9. AGE (In yeors lost birthdoy)		Doys Hours Min.
	CUPATION (Give kind of working life, even if refired)	KIOB. KIND OF BUSINESS OR INDUSTRY	TIT. BIRTHPLACE	(State or foreig	n country)	12. CITIZ WHA	EN OF AT COUNTRY?
3. FATHER'S NA	ME		14. MOTHER'S A	AAIDEN NAMI			
	SED EVER IN U.S. ARME		17. INFORM ANT			ADDRES	S
OTHER SIL	ASE OR CONDITION D LEADING TO DEATI not meon the mode of the constitution of the condition causing conditions causing condition causing conditions causing conditions causing conditions causing causing conditions causing causing conditions causing causi	ANY, GIVING STATING THE (A)	erstitial	pneumor	nitis - (SD	II)	INTERVAL BETWEEN ONSET AND DEATH
19A, DATE C		NDITION FOR WHICH OPERATION RFORMED	20A. AUTOPS Yes		20B. IF YES, WERE F IN CERTIFYING CAU Yes		
O UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH. (Month) (Doy) (Yes		in or obout 21C. office bldg., INJUI	WHERE DID	If in Boltimore City, (give exoct 1	ocotion)
ACTU/ SIGNA EXAMI	TURE NER'S (Type) RUSSELI REMATION, 238. DATE (19) Control of the control of	Accident Suicid Suicid Suicid M.D S. FISHER, M.D. 23C. NAME OF CEMETERY 24B. NAME OF REGISTRAR	chief A ASSISTANT A ASSOCIATE	ide U L MEDICAL EX MEDICAL EX	AMINER AMINER	y, town, or	DATE SIGNED 6-2-67
	JUN 22 1967	Robert E. Finleyna	Mo	RGUE			
VS 151-REV. 1/	1/48	and the second second		2 13 1			



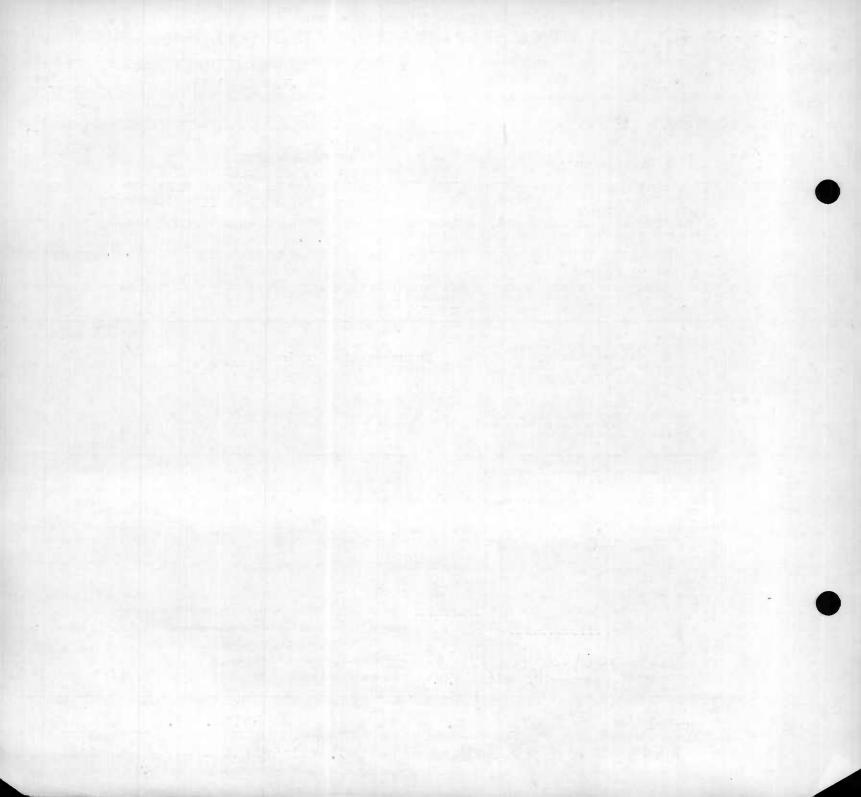
. NAME OF DE	CEASED				2, DATE AND H	OUR PRONOUNC	ED DEAD	
Type or Print)	INKNOWN BABY	IRL				7 21, 1967		P A
. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE		eosed lived. If inst	titution: residence before UNTY	odmissic
TULL NAME OF	ADDRESS OR LOC.	AL OR INSTITU ATION)	JTION, GIVE STREET	C. CITY OR TO	NKNOWN WN (If outside c	orporote limits, write	e RURAL ond give tow	nship)
00 2	400 Block of	Hollins	Street	D. STREET ADD	NKNOWN	ve locotion)		
Female	6. RACE Colored		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	Н	9. AGE (In years lost birthdoy) -NEWBORN	If Under 1 Yr, If Ur Months Doys Hou	
	UPATION (Give kind of working life, even if retired)	rk TOB. KIND OI	BUSINESS OR INDUSTR	YII. BIRTHPLACE	(State or foreign o	country)	12. CITIZEN OF WHAT COUNTR	Υ?
3. FATHER'S NAM	ME	1	i de la companie de l	14. MOTHER'S M	AIDEN NAME			
	ED EVER IN U.S. ARMEI		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
(This does	ASE OR CONDITION D LEADING TO DEATI not meon the mode o e, osthenio, etc. It meon complication which coused	H f dying, e.g., s the diseose,		e OF DEATH	by ligatu	ıre	INTERVAL ONSET AP	
DISEASES RISE TO TH UNDERLYI	ANTECEDENT · CAUSI OR CONDITIONS, IF HE ABOVE CAUSE (A) ! ING CONDITION LAST.	ANY, GIVING	(B)(C)					
O THE	GNIFICANT CONDITIONS DEATH BUT NOT REDEATH OF CONDITION CAUSIN	ELATED TO T						
2		RFORMED		Yes	IN	CERTIFYING CAU	Ye	
UNDERLYING"	AL CAUSE WAS DOR CONTRIB- USE OF DEATH.	home etc.)	PLACE OF INJURY (e.g., form, foctory, street, UNKNOWN	office bldg., INJUR	OW DID INJURY OWN DID INJURY	NOMN	give exoct locotion)	00
OF INJURY (APPROX.)	UNKNOWN	\	WHILE AT NOT	WHILE TO		arently St	rangled.	
lcei	rtify that I held an					basis, death in		
resu		rulu	Accident Suici	CHIEF M	EDICAL EXAMEDICAL EXAM			SIGNED
ACTUA	I URE					MINIED		167
	NER'S Rudige:		necker, M.D.	ASSOCIATE A	23D. LOC		2/22, y, town, or county)	(Stote)

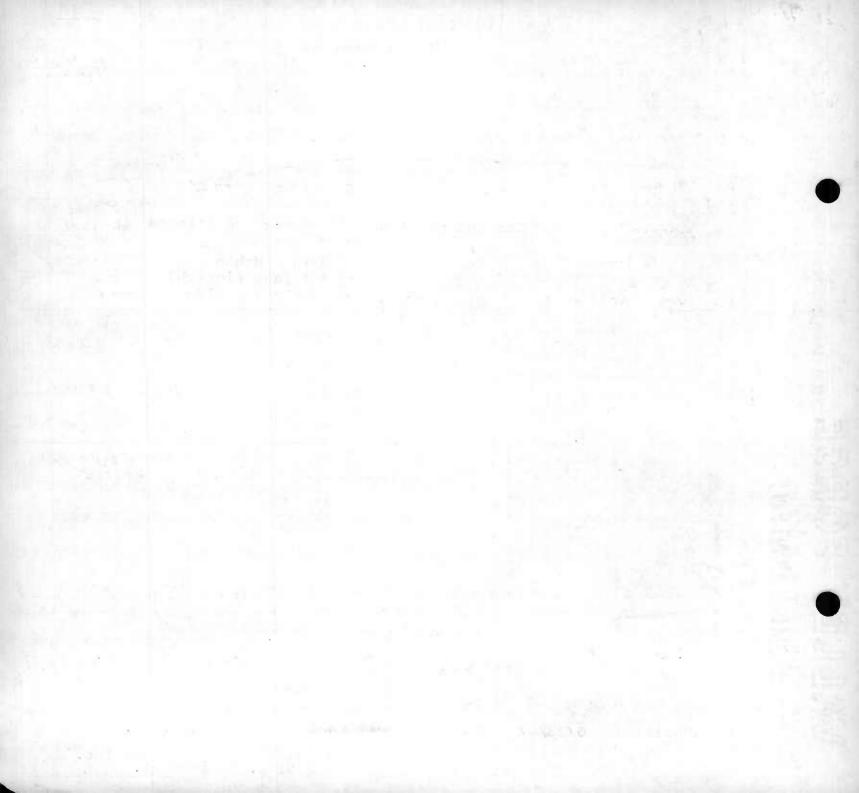
VS 151-REV. 1/1/65

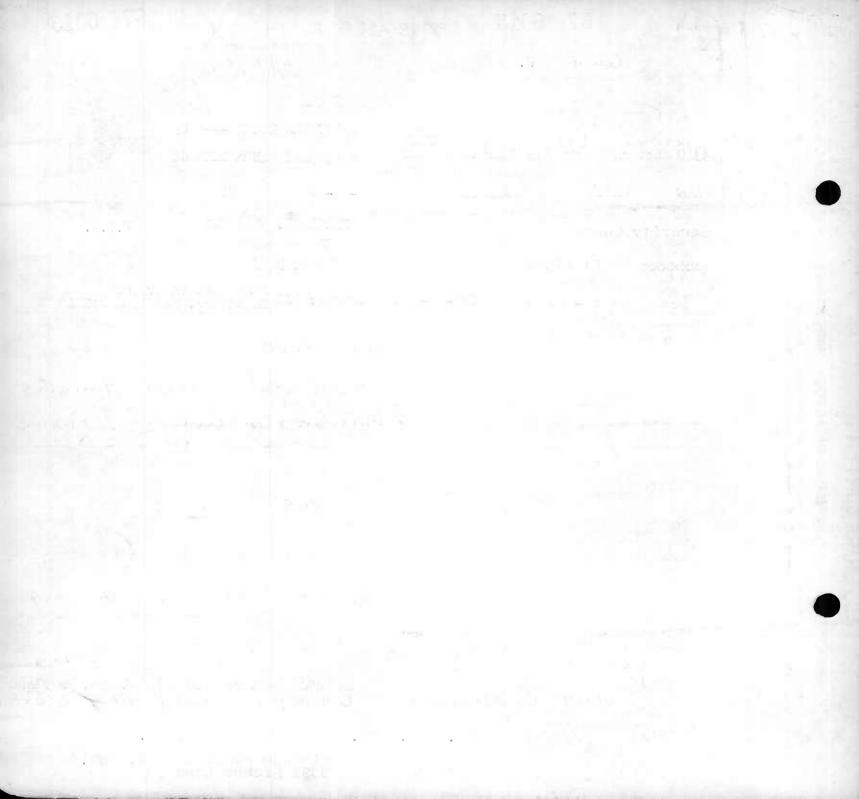


VS 151-REV. 1/1/65

	DECEASED		2. DA1	E AND HOUR PRONOUNG	CED DEAD
(Type or Print) WILI	.TE	ADAMS		ne 20, 1967	3:25 p.
FULL NAME (ALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (VA. STATE Maryland	Where deceased lived. If ins B. CO	titution: residence before odmis
2931	Riggs Avenue		Baltimore D. STREET ADDRESS (I	rurol, give locotion)	16-0
			2931 Riggs	Avenue	
5. SEX Male	6. RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	12/31/1889	9. AGE (In yeors	If Under 1 Yr. If Under 24 Months, Doys, Hours, M
		k 10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote of N.C.	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Richm	ond Adams	1	14. MOTHER'S MAIDEN Katie Jo		1 0.5.
	ASED EVER IN U.S. ARMED		17. INFORMANT		ADDRESS
	EASE OR CONDITION DI LEADING TO DEATH	RECTLY (A) Bronch	e of DEATH nogenic Carcin	oma	INTERVAL BETWE ONSET AND DEA
DISEAS RISE TO UNDER	es not meen the mode of lure, osthenio, etc. It meen complication which coused ANTECEPENT: CAUSE ES OR CONDITIONS, IF ATTHE ABOVE CAUSE (A) SLYING CONDITION LAST.	deoth.) S ANY, GIVING DUE TO			
₽ TO TH	II SIGNIFICANT CONDITIONS E DEATH BUT NOT RE E OR CONDITION CAUSING	LATED TO THE			
19A. DATE	OF OPERATION 198, CON	NOTION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes o	No) 20B. IF YES, WERE F	
21 A EXTER	NAL CAUSE WAS IG OR CONTRIB- AUSE OF DEATH.	21B. PLACE OF INJURY (e.g., home, form, fuctory, street, etc.)	in or about 21C. WHERE I	DID (If in Boltimore City, g R?	give exoct location)
UNDERLYING C		r) (Hour) 21E INJURY OCCURRED	21F, HOW DID	INJURY OCCUR?	
UNDERLYIN		WHILE AT NOT	WHILE		
OF INJURY (APPROX.)		while at Not Not Not Not Not Not Not Not Not No	WHILE	on this basis, death in	my opinian
OF INJURY (APPROX.)	sulted fram: Notural ca	m. WHILE AT NOT AT W	tapsy and that the Homicide CHIEF MEDICA	Undetermined mann	ier 🗌
OF INJURY (APPROX.) 22. re ACTI SIGN EXAL	sulted fram: Notural ca	m. WHILE AT NOT AT W	while and that a tapsy and that a tapsy Chief MEDICA	Undetermined mann	ier 🗌
OF INJURY (APPROX.) 22. re ACTI SIGN EXAL	JAL ATURE Werner E (Type) CREMATION, 23B. DATE BE (Type)	WHILE AT NOT AT WORK A	tapsy and that the deal of the	Undetermined mann L EXAMINER L EXAMINER L EXAMINER L EXAMINER	DATE SIGNED 6/21/67 7, town, or county) (Stote)



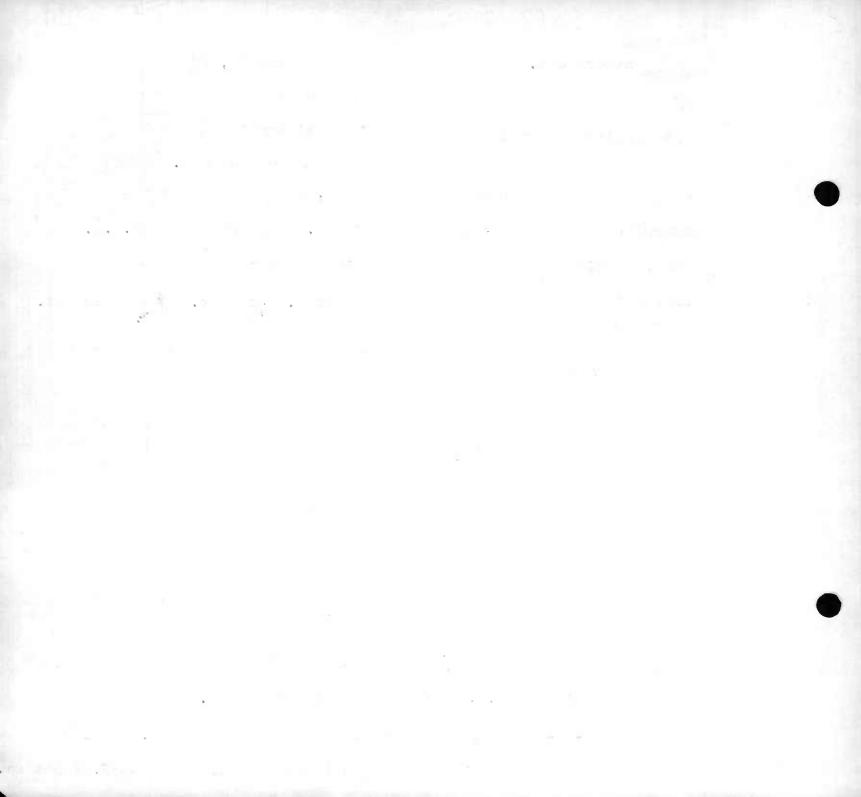




VS 150-REV. 1/1/65

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give townett 21213 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Thomas E. Burns Jr. 7005 Conley St. INTERVAL BETWEEN ONSET AND DEATH 2 421 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ...ond that in(my) (our) apinion deoth accurred an the dote 23B. DATE SIGNED deceased written ap (City, town, or county) Baltimore Co. Maryland MOS Schimunek Funeral Home 3335.Brehms La

BALTIMORE CITY HEALTH DEPARTMENT



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FUNERAL DIRECTOR: IMPORTANT	this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death chows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such excitten approval must be obtained before the remains are embalmed or final disposition is made.
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	this certificate must be apply he body was released to the thows: (1) An accident of a was D.O.A. at a hospital (elecased prior to death); written approval must be constants.
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	BIRTH NO. M.E. CASE NO.	67	6017		TE OF DEA		red No. 6	7 6017
	Type or Print)	AGNES N	M. HORK	Ϋ́		une 18, 1		10 a.
	3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	E (Where deceased I	lived. If institution	residence before odmission)
0		803 N. Port	t St.		D. STREET ADDRESS		cotion)	ond give township)
		Baltimore,				N. Port		
		6. RACE White UPATION (Give kind of work working life, even if retired)	WIDOWED	NEVER MARRIED , DIVORCED (specify) LOWED BUSINESS OR INDUSTRY	8. DATE OF BIRTH 1/2/96 11. BIRTHPLACE (Stote	9. AGE (In y lost birthday) 71 e or foreign country)	12. 0	nder 1 Yr. If Under 24 Hrs. Poys Min.
	Char-la	dy	Balto	city .	Baltimo	re, Md.		
	3. FATHER'S NAM	_	_		14. MOTHER'S MAID			
		nton Dobiha			unkn	own		
	15. Was Deceased (Yes, no or unknown	Ever in U. S. Armed For (If yes, give wor or dole	ces? s of service)	SECURITY NO.	17. INFORMANT Ella Hork	y, dght,	803 N.	Port St.
	(This does not heart failure, injury or come of the composition of the	SE OR CONDITION DIS LEADING TO DEATH not meen the mode of osthenio, etc. It meons application which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost.	dying, e.g., the diseose, deoth.) ony, giving stoting the	(B)	g perteus.			ONSET AND DEATH
	TO THE D	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PER	TED TO THE	VHICH OPERATION	20 A. AUTOPSY? (Ye		S, WERE FINDIN	GS CONSIDERED
	19A. DATE OF	NT WAS UNDERLYING		BLACE OF INTURY				
	OR CONTRIBLE	JTING CAUSE OF	hom etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, of	fice bldg., INJURY OC	CUR?	n boltimore City,	give exact location)
	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED le AI Not While AI Work		DID INJURY OCCUR	1?	
	thot (I) (wa)	Jost sow the decease	d olive on	be deceosed from	1967			eoth occurred on the date
	23A SIGNATU 23A SIGNATU 23C. PHYSICIA NAME (T	RE LES 19	Merejamin M	Phys	nding Med. 5. Directo	Stoff	6	PATE SIGNED
	24A. BURTAL CRE	MATION, 24B. DATE	24C. N.A	ME of CEMETERY OF CRE	MATORY	24D. LOCATION	(City, tow	n, or county) (State)
	Burial	6/21/6	57 Bo	hemian Nat.	Cem.	Baltimo	re, Md.	
1	25A. DATE REC'D	A. W. L. L.	Policies.	E RECHTRADOUMA	Schimun 2601	RECTOR ek Funera	1 Home.	Inc.



FUNERAL DIRECTOR: IMPORTANT

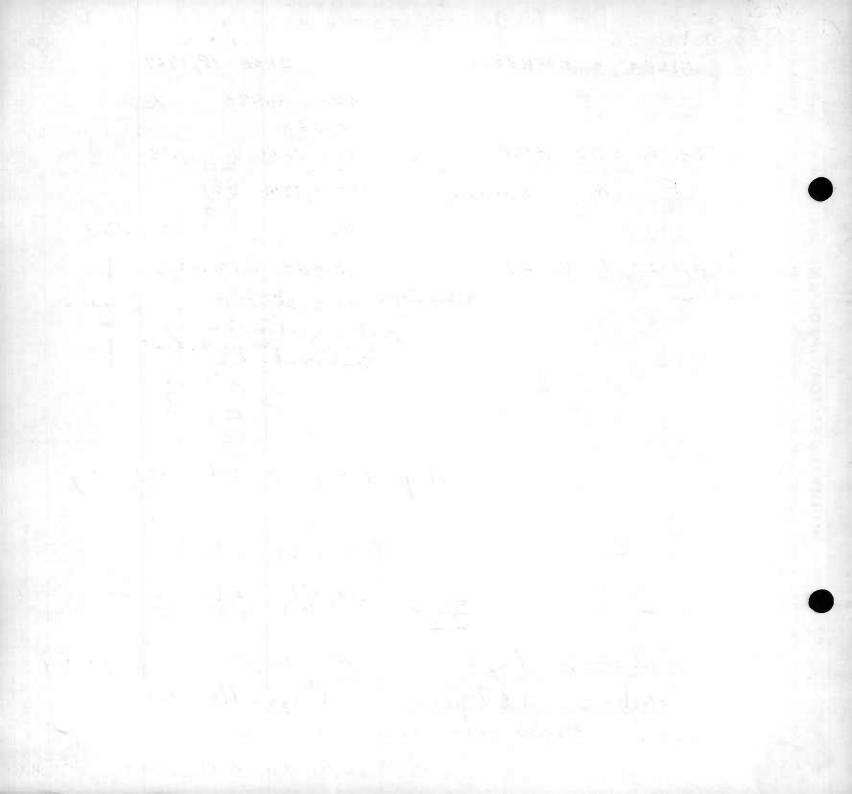
	AME OF DEC		ANER, Margaret W.		18, 1967	
3. F	LACE OF DEA	TH IN BALTIMORE, MA	•	4. USUAL RESIDENCE (Where	deceased lived. If in	nstitution: residence before odmi
- 1	FULL NAME O HOSPITAL OR NSTITUTION	oddress or locotio		Md.	IY side city limits, write	RURAL ond give township)
1		3208 Kenti			urol, give location)	A
_		·	,Md. 21213	3208 Ke	ntucky Av	
5. S	EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		P. AGE (In years ast birthday)	Months Doys Hours N
	emale	white	married	9/13/05	61	
			108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF
don	_	working lile, even if retired)	C & P Tel. Co.	Baltimore,	Md.	WHAT COUNTRY?
13.	Operat		C a i lei. co.	14. MOTHER'S MAIDEN NAM		
		harles Wise		unknown		
	C	HOTTED MT26		unknown		
15.	Was Deceased	Ever in U. S. Armed For	rces? 16. SOCIAL es of service) SECURITY NO.	17. INFORMANT		ADDRESS
			218-18-3244	Sylvan Golan	er,husbar	nd, above
	18. day of	SXL		F DEATH		INTERVAL BETWEEN
		SE OR CONDITION DI	RECTLY	0.		ONSET AND DEAT
		LEADING TO DEATH	(A) C	home negr,	hutie	5 yer
		ial mean the made of asthenio, etc. 11 meons	dying, e.g., DUE TO		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
		asinemia, etc. ii means	I death)	2 1		
					1 7	
		ANTECEDENT CAUSES	(B) /4g	martenino Cal	! D,	10 year
	, ,	ANTECEDENT CAUSES	(B) DUE TO	Thronic negr	(D,	10 yar
	DISEASES C	OR CONDITIONS, if	ony, giving			10 yeu
	DISEASES C		ony, giving	granterino Cal		70 gar
TION	DISEASES OF TISE TO THE SIGNITO THE D	OR CONDITIONS, if a above couse (A) GCONDITION last.	ony, giving stoting the (C) CONTRIBUTING ATED TO THE			70 gar
TIFICATION	DISEASES OF TISE TO THE SIGNITO THE D	OR CONDITIONS, if a above couse (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving stoting the (C) CONTRIBUTING ATED TO THE IT. HOLTON FOR WHICH OPERATION		208. IF YES, WERE	
AL CERTIFIC	DISEASES CONTISE IN THE DISEASE OR 19A. DATE OF 21A. ACCIDED OR CONTRIBLE	OR CONDITIONS, if a above couse (A) G CONDITION last. II FICANT CONDITIONS CEATH BUT NOT RELL CONDITION CAUSING OPERATION 198. CON	STORMED STORMED STORMED STORMED STORMED STORMED STORMED STORMED (C) (C) (C) (C) (C) (C) (C) (C	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CERTIFIC	DISEASES CONTISE IN THE DISEASE OR 19A. DATE OF 21A. ACCIDED OR CONTRIBLE	OR CONDITIONS, if a above couse (A) GONDITION last. II IFICANT CONDITIONS CEATH BUT NOT RELATION CAUSING OPERATION 198. CONWAS PER	ony, giving stoting the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CAL CERTIFIC	DISEASES COTISE IS INDUNDERLYING OTHER SIGNITO THE DISEASE OR 19 A. DATE OF 21 A. ACCIDER OR CONTRIBE DEATH (notify) 21 D. TIME OF INJURY	OR CONDITIONS, if a above couse (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	contributing ated to the it. 218. PLACE OF INJURY (e.g., interpretation) 218. PLACE OF INJURY (e.g., interpretation) (Haur) 218. PLACE OF INJURY (e.g., interpretation) (Haur) 218. PLACE OF INJURY (e.g., interpretation) (Haur) While At Not While	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
MEDICAL CERTIFIC	DISEASES CONTINUED TO THE SIGNITO THE DISEASE OR 19A-DATE OF CONTRIBLE DEATH (notify 21D-TIME OF INJURY (APPROX.)	OR CONDITIONS, if a above couse (A) G CONDITION last. II IFICANT CONDITIONS CEATH BUT NOT RELATED NOT RELATED OPERATION 198. CONWAS PER IT WAS UNDERLYING TIME CONDITION CAUSING (Month) (Doy) (Year)	ony, giving sloting line (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) (Haur) 21E. INJURY OCCURED While At Not Whil At Work	n or obout 21C, WHERE DID ffice bldg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? e City, give exact location)
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MEDICAL CERTIFIC	DISEASES COTISE IN THE DESCRIPTION OF THE DISEASE OR 19 A. DATE OF CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur one 23A. SIGNATU	OR CONDITIONS, if a above couse (A) GONDITION last. II FICANT CONDITIONS OF CONDITIONS OF CAUSING CONDITION CAUSING OPERATION 198. CONWAS PER MY WAS UNDERLYING CAUSE OF medicol exominer) Thot (I) (this hospito last saw the deceased from the couses stought from the couse stought from t	CONTRIBUTING ATED TO THE IT. ADDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) (Haur) 21E. INJURY OCCURRED While At Not While At Wark I) ottended the deceased from ed alive an	20 A. AUTOPSY? (Yes or No) n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID INJU 22 F. HOW DID INJU 23 F. HOW DID INJU 24 D. LO 24 D. LO 24 D. LO	208. IF YES, WERE IN CERTIFYING CA (If in Boltimor) URY OCCUR? 9 5 3 4 4	FINDINGS CONSIDERED USES OF DEATH? e City, give exoct locotion) 19 Continuo death occurred on the local death o



VS 150-REV, 1/1/65

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RTH NO. A.E. CASE NO. NAME OF DECEASED	CERTIFICATE OF DEAT	TE AND HOUR OF DEATH	н
Type of Print)		UNE 18 19	17 1
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE	(Where deceased lived. If	67 M. institution: residence before admission)
FULL NAME OF (If not in hospital or institution, goddress or location)			RURAL and give township)
INSTITUTION	ESSEX		00-500
	D. STREET ADDRESS	(If rurol, give location)	
BALTO. CITY HOSP	624 001	RSEY AU	1E
	NEVER MARRIED DIVORCED (specify) ED 8. DATE OF BIRTH OCT 6, 19/	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF	BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)	n 0		USIA
3- FATHER'S NAME	14. MOTHER'S MAIDE	N NAME	03/4
HARRY S. BATES 5. Was Deceased Ever in U. S. Armed Forces?	MARY	HAMME	ADDRESS
es, no or unknown) (If yes, give war or dotes of service)	16. SOCIAL SECURITY NO. 17. INFORMANT		ADDRESS
NO	2/6-44-0110 MARY DE	PETRO	ABOVE
18.40 / 1 5 4 / /	CAUSE OF DEATH AVERIORS (A) DUE TO TOTAL	1 >	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Avteriosal	exetic	, ,
LEADING TO DEATH	(A) CVD	my oward.	21
(This does not mean the made al dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO THE STATE OF		
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if ony, giving	DUE TO		
rise to the above cause (A) slating the UNDERLYING CONDITION last.	(C)		
II CONTRIBUTION CONTRIBUTION			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Hepstits	Alcholic	Totricky
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B.	HICH OPERATION 20A. AUTOPSY? (Yes	OT No. 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF hom elc.)	PLACE OF INJURY (e.g., in or obout 21 C. WHERE e., form, factory, street, office bldg., INJURY OCC	DID (If in Boltim	nore City, give exact tocotion)
	INJURY OCCURRED 21F. HOW D	ID INJURY OCCUR?	
	e AI Not While AI Work		
4401		1/27	V-Le 1967
22. I certify that (I) (this haspital) attended the	a deceased fram	190 [10	
that (I) (see) just saw the deceased drive an		ana that in (my) (aur) a	apinian death accurred an the date
and haur and fram the causes stated abave. (I	(ME) (did nat) view the bady after d	eath.	
23A. SIGNATURE		e. u	23B, DATE SIGNED
William L. Tow	M.D. Attending Med. Director	Stoff Phys.	6-20-61
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS		
1 W.11.2 - A.17	750 - M.D. King	civile n	72-
4A. BURIAL CREMATION, 24B. DATE 24C. NA	ML of CEMETERY OF CREMATORY	24D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)		pains	4.
BURIAL 6/22/67 HE	FREGISTRAR 25C. FUNERAL DIE	BALTO.	MD.
DA, DATE REC'D BY HEALTH DEPT. 258. NAME C	ZOC. PUNEKAL DI		
JUN 22 1967 R.C.	E, Elden J.G. Co	WNELLY	SONS 300 MAC



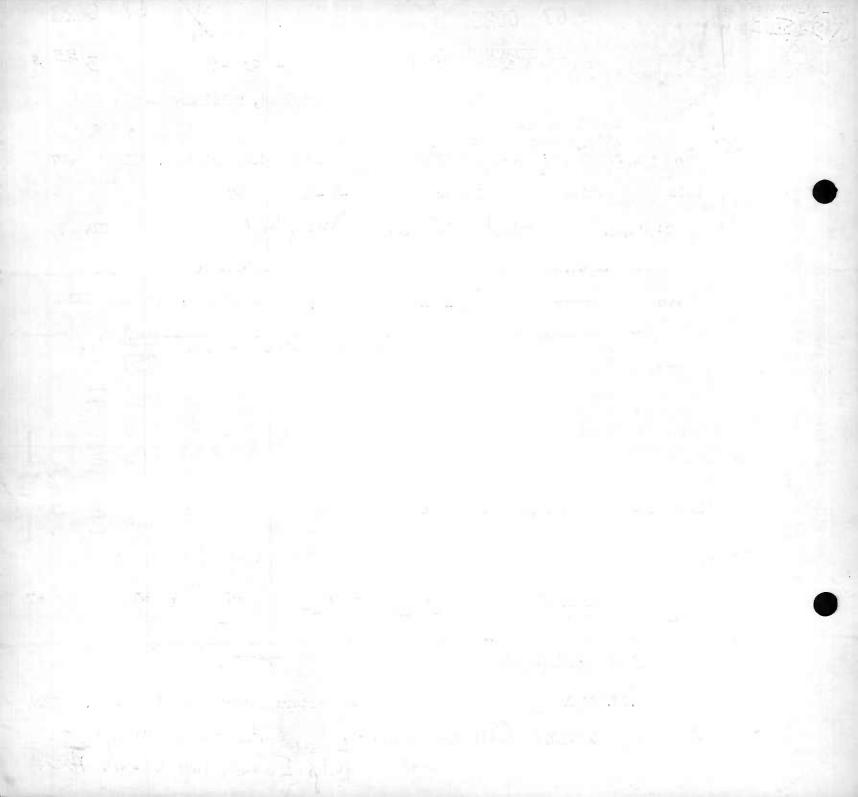
	Pe or Print	JENNIE	SUDBR	RINK		AND HOUR OF DEATH	110:59 A.
3.	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND			here deceased lived. If in	stitution: residence before admission
	FULL NAME O HOSPITAL OR	F (If not in hospital oddress or location	or institution,	give street	Maryland	Baltimore	
	NSTITUTION					·	RURAL ond give township)
		e City Hospit	als		Baltimore -	Dundalk (If rurol, give location)	53700
1	Raltimore	tern Ave. e, Maryland #	2122/				005
	EX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	Drive 21222	If Under 1 Yr., If Under 24 Hrs
	Female	White	Wido	wed	6-28-89	last birthday)	Months Doys Hours Min,
102	. USUAL OCCU	JPATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
101	Housewi	working life, even if retired)			New York		U.S.A.
13.	FATHER'S NAM	ΛE			14. MOTHER'S MAIDEN N	IAME	U.D.A.
	?	Bertrand			Not Kn	own	
5.	Wos Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
1 e	s, no or unknown) No	(If yes, give war or date	s of service)	820-00-7970		1010 1	#21224
_	18. 7) / /			CAUSE 0	1	4940 Eastern	Ave. Baltimore, Mo
	126) / I	COTI V	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DIE LEADING TO DEATH	RECTLY		Myecardial	Infonation	7 2000100
		at mean the made of		DUE TO	riyecararar	Turare clou	3 Weeks
		asthenia, etc. II means plication which caused			ASCVD		TAONE
		ANTECEDENT CAUSES		(B)		· • • • • • • • • • • • • • • • • • • •	years
	DISEASES O	R CONDITIONS, if	anv. aivina	DUE TO	774 - 7-4-4	7.2.1.	
	rise to the	abave cause (A)		(C)	Diabetes Me	LLITUS	years
	UNDERLING	CONDITION last.					
ATION	TO THE DE	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH				
CERTIFICA		OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CER	21A. ACCIDEN	IT WAS UNDERLYING	21 B	PLACE OF INTERVIEW		(If in Rollimor	YES e City, give exact location)
AL	OR CONTRIBU	TING CAUSE OF	hom etc.	e, form, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	an in builmor	c with the exect tocolons
O	21D. TIME	(Month) (Day) (Year)		INJURY OCCURRED	215 110 11 7 12	NULLEY OCCUPA	
MEDI	OF INJURY	THOMAS (DOY) (1807)	1	ile At Not Whil	21F. HOW DID I	NJUKT OCCUR?	
-	(APPROX.)		Wo				
	22. I certify	that (1) (thuckoupus)	Xottended t	he deceased from		196.7. to	5-20 1967
	that (I) (we)	lost sow the decease	d olive on	6/20	19.67ond	that in (my) tom copi	nion death occurred on the dat
	ond hour ond	from the couses sto	ed obove. (I		iew the body ofter deat		
	23A. SIGNATU	RE / / / /	1 0	,			23 B. DATE SIGNED
	NAU	Ed 1. 19650	Olon	TON M.D. Alle	ending Med.	Staff Phy s.	6-20-67
	23C. PHYSICIA NAME (T)	N'S	nev		23D. ADDRESS		
		J. Mishelevi	ich	M.D.	Baltimore Cit	y Hospitals	Manual and Marina
24/	BURIAL CREA	MATION, 24B, DATE		AME of CEMETERY OF CRE	4940 Eastern		re, Mary Land #21222
	REMOVAL (S	pecify)					
	Danning	4/09/4	7 5.7	A 2 3/ - 1 "			D-7 A2 357
6	Burial	L 6/23/6 BY HEALTH DEPT. JUN 22 1967	7 Bel	Air Memorial	Gardens Cem.		Bel Air, Maryland

AND MERCHANISM THE RESIDENCE OF THE PARTY OF

IMPORTANI

DIRECTOR:

FUNERAL

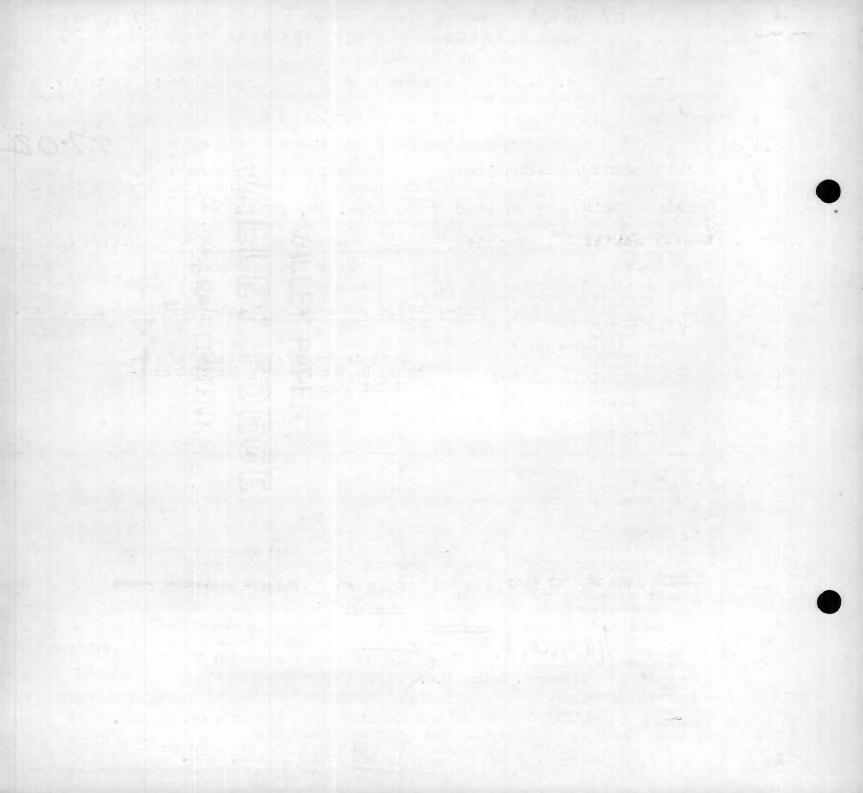


7	6024	BALTIMORE	C
	0002		-

CITY HEALTH DEPARTMENT

67. 6024

BIRTH NO.	MEL	DICAL EX	AMINER'S CE	ERTIFICA	TE OF D	EATH Registe	ered No.
M.E. CASE NO.							
NAME OF DEC	EASED	7	1/ // -	177	7-2-11	HOUR PRONOUNC	
EILE	EN A.		McGRAT			ine 18, 196	
PLACE IN BALT	IMORE, MARYLAND,			A. STATE		B. COL	
JLL NAME OF OSPITAL OR	ADDRESS OR LOC	TAL OR INSTITU (ATION)	TION, GIVE STREET	C. CITY OR TO	NN (If outside	corporate limits, write	e RURAL ond give township)
STITUTION				Baltin	nore		27-01
				D. STREET ADD		ive locotion)	6100
UNION	MEMORIAL HOS	SPITAL (DOA)	2921 N	Nontebel:	lo Terrace	
SEX	6. RACE	7. MARRIED, I	NEVER MARRIED IVORCED (specify)	B. DATE OF BIRT	Н	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Female	White	Marr		Jan. 10	. 1933	last birth doyl	Months Days Hours Min.
A. USUAL OCCU	JPATION (Give kind of wo	rk 108. KIND OF	BUSINESS OR INDUSTRY				12. CITIZEN OF
Dental	ASS to	Dent:	ist	Pennsy	lvania		WHAT COUNTRY?
FATHER'S NAM	\E	20110.		14. MOTHER'S M			0.5.11.
Carl Ma	rsh			Grace	Wingar	d	
	D EVER IN U.S. ARMI			17. INFORMANT	-		ADDRESS
	(If yes, give wor or do		SECURITY NO.	Taba to	M = C		Man 1 - 1 1 - M
No			212-30-3736		. MCGF	atn-2921	Montebello Ter
1B. 7	220i		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEAS	SE OR CONDITION	DIRECTLY					
(This door a	LEADING TO DEAT		(A) Asph	ıyxia due	to obst	cuction of	air-
heort foilure,	asthenio, etc. It mea	is the diseose,	way	by forei	gn body	(partial a	rti-
Injury or cor	mplication which coused	deoth.)	fici	al dentur	re)		
A	NTECEDENT . CAUS	ES					
DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO				
UNDERLYIN	E ABOVE CAUSE (A) IG CONDITION LAST	IAING THE					
			(C)				
OTHER SIGN	II	CONTRIBUTION					
TO THE	NIFICANT CONDITION DEATH BUT NOT R	ELATED TO TH					
	R CONDITION CAUSIN		AUGU OBER HOLL				
DATE OF	OPERATION 198. CO	REPORMED	HICH OPERATION			B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	L CAUSE WAS	21 P B	LACE OF INJURY (e.g., i	Ye		in Baltiman City of	Yes
UNDERLYING	OR CONTRIB-	hame,	form, foctory, street, a	ffice bldg., INJUR	OCCUR?	in commore City, gi	ve exoct toconon
OTING CAU	SE OF DEATH.	erc.,	home		2921 Ma	ontebello I	errace
OF INJURY	(Month) (Doy) (Ye	or) (Hour) 21	E. INJURY OCCURRED	21 F. H	ANTIN DIO MC	Y OCCUR?	
(APPROX.)	June 18, '67	6:45 m. W	ORK NOT W	ORK X	Subject	swallowed	teeth
22.	St. shaal hald an			- Term			
	rify that I held on					bosis, deoth in n	
resul	ted from Notural c	auses A	ciden X Suicide	_		determined monn	er 🔛
ACTUAL	111050	12 h	7'7	CHIEF M	EDICAL EXA	MINER	DATE SIGNED
SIGNAT		-) (-	M.D.	ASSISTANT M	EDICAL EXA	MINER	
EXAMIN NAME (ER'S Werne	er U. Spi		ASSOCIATE M	EDICAL EXA	MINER	6/19/67
A. BURIAL CRE	MATION, 23B. DATE	23C	AME OF CEMETERY OF	CREMATORY	23 D. LO	CATION (City	, town, ar caunty) (State)
MOVAL (Specify	6/123	/67 R:	ichland Cem	neterv	John	nstown, E	enna.
Removal	BY HEALTH DEPT.			_			ADDRESS
DATE REC D		Polesto	J. Filments	Rober	t C. A	ltenburg-	-6009 Harford R
	JUN 22 196/	(Jaksell)	Car distances	Funer	al Hom	e, Inc.	
S 151-REV. 1/1/	65 1 / 0	13 8 0 2	1 12	0 9 13	. 3		



1,250					BALTIMORE CIT	Y HEALTH DEPARTMENT		0005
7605	1	TH NO.	67	6025	CERTIFICA	TE OF DEATH	Registered No	67 6025
and eath ased the Such	1, 5	E CASE NO.					AND HOUR OF DEATH	30
de de con	(Ту	pe or Print)	JOSEPH	WASKI	NS	6	117/67	6 - H N
i o o i	3.	PLACE OF DEATH	IN BALTIMORE, MAR		N.	4. USUAL RESIDENCE (VA. STATE 8. CO		stitution: residence before odmission)
hosp ise (5) and dec		FULL NAME OF	(If not in hospital a	or institution, give	street	MD		
a h caus		HOSPITAL OR NSTITUTION	address or tocation		1912	C. CITY OR TOWN (III	outside city limits, write R	URAL ond give township)
_ 5 0	1	WALK.	OSP ITAL	OF B	ALTIMOS	BALTIMORI	5	2/-2
cau cau	1	(1013) 01	031 ////		1-11-INCC		(If rurol, give location) INKNEY R	0. #15
9 d d d	5. 9	EY 16 B	ACE	7. MARRIED, NE	VER AAA BRIED	B. DATE OF BIRTH	9. AGE (In years	
trik min gul sed	.	ΔΔ	(4)		OVORCED (specify)	12/25/6	Cost birthdoy)	Months Doys Hours Min.
on on re- re- seas is	tóà	USUAL OCCUPA	TION (Give kind of work	10B, KIND OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12, CITIZEN OF
in de con on o		e during most of work	ing life, even if retired)			10.0	,,	WHAT COUNTRY?
dec Unc us as	13.	RELIABLE FATHERS NAME	STORES	EXEC	UTIVE	14. MOTHER'S MAIDEN N	1884	V. J. H.
if dect 4) U wa the		TATILET NAME				14. MOTHER'S MAIDEN	AME	
# := ;; 4 E ::	1.6	HYMAN WAS	KINS or in U. S. Armed Force	2 11		BERTHA LEVIT	T	
0 0 1 0 0 D	(Te	s, no or unknown) (If	yes, give wor or dotes	of service)	SOCIAL SECURITY NO.		1	ADDRESS
SSist A A D on the fine of the state of the	U	NKNOWN		7	214-1-184		IL CHART	
his as fo, if fany nced enda d or		18. 4-20	/ 1			OF DEATH		ONSET AND DEATH
_ v o > + a			OR CONDITION DIR	ECTLY	MAY.	OCARNIAL	INFARCTION	30 da.
Alsonous alme			mean the made of		DUE TO	OCARDIAL FRIOSCLERO AXULYK DIS		
er. ctu pro lar			nenio, etc. II means otian which coused		ART	ER103CLERO	TIC CAILDIO-	27 V- 403
fra		ANT	ECEDENT CAUSES		(B)	MUCUCAL DIS	6436	12 YEARS
X A A Wh			CONDITIONS, if a					
9 (S) = 1 = 2 S		UNDERLYING C	obove couse (A) ONDITION last.	slaling the	(C)			
lical cal ns; icio as air			11					
ouri	ATION	OTHER SIGNIFICATION THE DEAT	ANT CONDITIONS CO	ONTRIBUTING	QUI MONE	ARY EMBOR	<u>_</u> (
me me ly bu ph) ph)	CAT	19A. DATE OF OP	NDITION CAUSING IT	DITION FOR WHI		20A. AUTOPSY? (Yes or		INDINGS CONSIDERED
3od 3od the	ERTIFIC	O	WAS PERF		CH OFERATION	AUTOPST: (Tes of	IN CERTIFYING CAL	ISES OF DEATH?
the call by (2) I ere to phy efore	G	21 A. ACCIDENT V	WAS UNDERLYING	21 B. PL	ACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Baltimore	City, give exact location)
tal tal he bef	CAL	DEATH (notify me		etc.)	form, foctory, street, o	omice bidg., INJURI OCCUR!		
d by	ā	21 D. TIME (M	onth) (Doy) (Year)	(Hour) 21 E. IN	JURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
hosp nature ept w d (6)	ME	(APPROX)		While Work	At Not Whi			/
he he xc		22. I certify tha	t (1) (this hospital)	attended the	deceased from	5/19	19 67 to	4/17 1967
0 0 0		that (I) (we) las	t sow the deceased	d alive on	6/17	19 67 and		ian death accurred an the dat
sed to		ond haur and fro	am the causes state	ed obave. (I) (V	(did) (did not)	view the bady ofter deot		
assed dent ospit deat must		23A. SIGNATURE	1 -	1 ,				23B. DATE SIGNED
eleas ccide a hos to de		Afril	den +	rank	M.D. Att	ending Med. Director	Stoff Phys.	6/17/67
0 - 0 - >		23C. PHYSICIAN'S NAME (Type)			-	23D. ADDRESS		
y was r y was r 1) An a 1.A. at a d prior		5 HELL	DON FR	ANK	M.D.	SINAL HOSP	ITAL	
	24A	REMOVAL (Spec	ION, 248. DATE	24C.NAMI	E of CEMETERY of CR	EMATORY 24D.	LOCATION (Cit	y, town, or county) (State)
		BURIAL		HEBRE	EW FRIENDSHI	:P	BALTIMORE. MA	MLAND
This cer the bod shows: was D.C decease	25 A	. DATE REC'D BY	HEALTH DEPT.		margaret and	25C. FUNERAL DIRECT	OR	ADDRESS
たこと > ♀ >			N 2 2 1967 ()	Lesto E	, Salty M.R.	SOL LEVINSON	E BROS. INC.	, 6010 REIST., RD.
	VS	150-REV. ,1/1/65				Spart .	1.6	

IMPORTANT

FUNERAL DIRECTOR:

Clife DADINGTON FORTH TO ART WORLD C MODEL PHARKEY RD. THE PROPERTY OF THE THE RESIDENCE OF STREET A Charles 14 dis - PARSON - 9 Holden Frak SHAH HOW THE THELDOY FRANK

		HEALTH DEPARTMENT		67 6026
	326 CERTIFICA	TE OF DEATH	Registered Na	67 6026
A.E. CASE NO. NAME OF DECEASED			ND HOUR OF DEATH	
(Type or Print) MINNIE SAN	NIED	TUNE 1	17 10/7	4:20 P. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	VLCK		re deceased lived. If ins	tilution: residence before admission)
FULL NAME OF (If not in hospital or institu HOSPITAL OR oddress or location)	tion, give street	MARYLAND		URAL ond give township)
0		D. STREET ADDRESS (IF	rurol, give location)	/- fm
3705 CLARKS LANE		3705 CLARKS I	LANE	
FEMALE WHITE W	RIED, NEVER MARRIED OWED, DIVORCED (specify) IDO(U		9. AGE (In years lost birthday) 77	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
tOA, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	T HOME	RUSSIA		USA
3. FATHER'S NAME	1_101/3_	14. MOTHER'S MAIDEN NA	ME	WO/1
7001r. maru		DECOTE	2	
JSRAFL ZTEV 5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	BESSIE 17. INFORMANT	f	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.			
118.	NO CAUSE O		SANDLER, 610	
33/1	CAUSE O	PULATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1.0001	aud.	1 1 1 1
(This does not meon the mode of dying,		CE WINT	auder nis +	bavy
heart failure, astheria, etc. It means the dis-	eose,	2-11		
ANTECEDENT CAUSES	(B)	Munder	nis t	20 60
DISEASES OR CONDITIONS, if ony, g	DUE TO ✓			/
rise to the obove couse (A) stoting		~~~~		
UNDERLYING CONDITION lost,				
OTHER SIGNIFICANT CONDITIONS CONTRIBION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore	City, give exact tocotion)
Q 21D, TIME (Month) (Dov) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY APPROX.)	While At Not Whit At Work	e	Δ	
22. I certify that (I) (this hospital) attend			19 7 V 10 V	17 19 67.
that (I) (we) last saw the deceased alive	1 1	7 / 7	1	
	//	7	or in (my) (out opin	ian death accurred an the date
and haur and fram the causes stated aba-	ve. (I) (We) (dld) (didsum) v	iew the bady after death.		238. DATE SIGNED
25A. SIGNALIAN	M.D. Atte	ending Med.	Stoff	238. DATE SIGNED
Janghoo Ja	Phy	s. Director	Phys.	Jac 17/16/
23 C. PHYSICIAN'S MAME (Type)	P	23D. ADDRESS	. /	
1 105 eps 13	CR055 M.D.	6911 Jach	Her tits	tre.
24A. DORIAL CREMATION, 248. DATE 24 REMOVAL (Specify)	IC. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City	, town, or county) (Stote)
BURIAL 6/19/67 (ANSHE EMUNAH) -	AITZ CHAIM B	ALTIMORE, MA	RYLAND
25A, DATE RECTO BY HEALTH DEPT. 25B. NA	ME OF RECISTRAR	1		ADDRESS
JUN ZZ 1967 GR. Co.	IT C. Tankyma	SOL LEVINSON	& BROS. INC.	, 6010 REIST., RD.
V\$ 150-REV. 1/1/65	7			

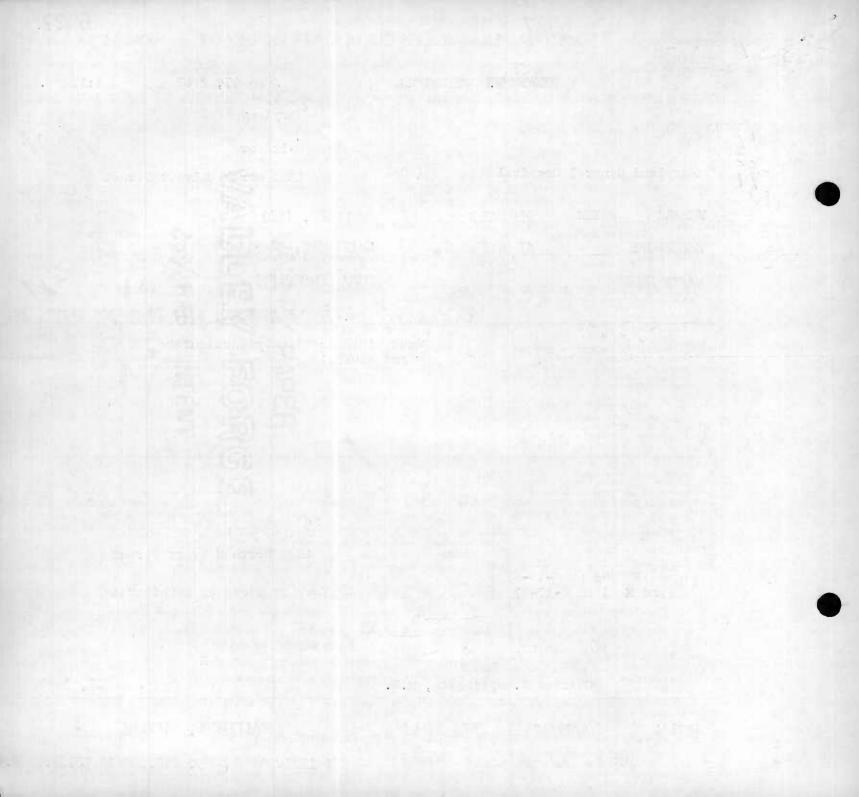


BIRTH NO.

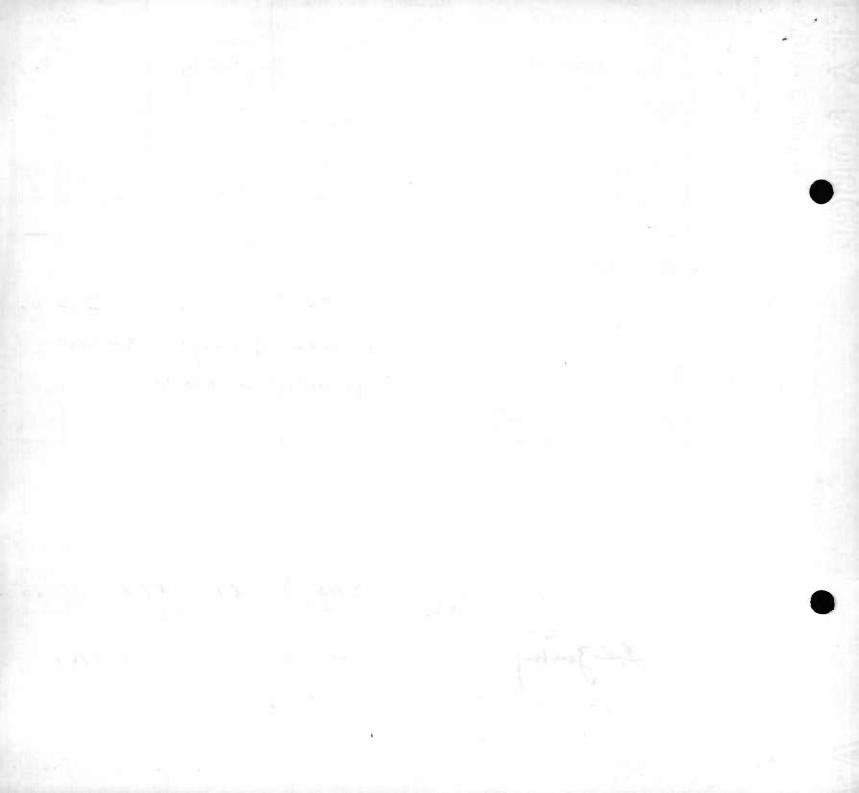
VS 151-REV. 1/1/65

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

Pe or Print		ROSE WANNAM S	TEINBERG	2. D		HOUR PRONOUNCE	D DEAD	1:52	Α.
LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	VHERE PRONOUNCE		A. STATE Ma	(Where	deceosed lived. If insti	NTY		
NOITUTIT					ltimo			//-	-0/
Maryland	d General Ho	spital	(DOA)	D. STREET ADDRESS		give locofion) orth Calvert	Stree	et.	
	. RACE	7. MARRIED, NEV		B. DATE OF BIRTH	00 110	9. AGE (In years last birthday)	If Under	1 Yr. If Under Days , Hours	
JEMALE	WHITE PATION (Give kind of wo	DI VORCED		NOVEMBER. 1	926		, violinis	l	
during most of wo	orking life, even if retired) E	AT HOME		BALTIMORE.	MARY.	LAND		N OF COUNTRY? USA	
ATHER'S NAME			1	4. MOTHER'S MAIDE					
HARRY NUL	SENKO EVER IN U.S. ARME			DORA BONDRO	FF_		ADDRESS		#5
no or unknown)	If yes, give wor or do		ECURITY NO.	HE TEDANIE	MIIC	ENKO, 6744	TAUNRD.	OOK DOT	UF
	I E OR CONDITION D LEADING TO DEAT of meon the mode of osthenio, etc. It meon plicotion which caused	Н	Acute	OF DEATH		barbiturate		INTERVAL BE ONSET AND	TWEEN
OTHER SIGNITO THE DISEASE OR	IR CONDITIONS, IF ABOVE CAUSE (A) 3 CONDITION LAST. II IFICANT CONDITIONSEATH BUT NOT R CONDITION CAUSIN OPERATION [19B. CO	S CONTRIBUTING	(C)	20A AUTOPSY? (Ye	s o1 No)	208. IF YES, WERE FII	NDINGS CS	ON SIDERED	
0		RFORMED		No		IN CERTIFYING CAU	SES OF DEA	ATH?	
21 A. EXTERNAL UNDERLYING ☐ UTING ☐ CAUS	CAUSE WAS OR CONTRIB- E OF DEATH.		CE OF INJURY (e.g., in m, factory, street, off			If in Boltimore City, gi) /
(APPROX.)	tween6 pm 6-	-16-67 WHIL	NJURY OCCURRED AT WO			lose of bart	oitura	te	
22. I certi	fy that I held on	Inquiry Inquiry In	spection X Auto	opsy ond the	ot on thi	s bosis, death in n	ny opinian	1	
result	ed from: Notural c	ouses Acci	dent Suicide			Indetermined manne	er 🗌		
ACTUAL SIGNATU		2). 2		CHIEF MEDI	CAL EX	AMINER X		DATE SIG	GNED
EXAMINE NAME (T		es S. Sprin	ngate, M.D.	ASSOCIATE MEDI	CAL E	(AMINER	Jun	e 17, 1	.967
		23C N	AME of CEMETERY or	CREMATORY	23 D. L	OCATION (City,	, town, or c	ounty)	(State)
		230.11	*						
BURIAL CREM MOVAL (Specify) BURIAL	6/19/		EB SHALOM	24C. FUNERAL D		LTIMORE, MA	RYLAND) DDRESS	



IRTH NO. A.E. CASE NO.	6028 CERTIFICA	TE OF DEATH	Registered No	. 00 OUSE
NAME OF DECEASED		2. DATE AN	D HOUR OF DEATI	Η
Type or Print)	11.1	71017	18 1967	Wins n
MAX GREENBAL	<u>M</u>	14. USUAL RESIDENCE (When	e deceased lived. If	institution: residence before odmiss
		A. STATE B. COUN	TY	manufacture before campa
FULL NAME OF (If not in hospital or instit	ution, give street	MARYLAND		
HDSPITAL DR oddress or location)	give silver		side city limits, write	RURAL and give township)
INSTITUTION			,,	78-4
		BALTIMORE		6071
A		D. STREET ADDRESS (If	rurol, give location)	
SINAI HOSPITAL		4008 GROVELAN	A VENUE	
	RRIED, NEVER MARRIED	8. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours Min
	OOWED, DIVORCED (specify)	1897	lost birthdoy)	Months Doys Hours Mi
MALE WHITE A. O. O. C. UPATION (Give kind of work 10B, K)	ARRIFD	NOVEMBER 18	69	
OA, USUAL OCCUPATION (Give kind of work 10B, KI	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF
one during most of working life, even if retired)				WHAT COUNTRY?
SALESMAN	RETAIL	GERMANY		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
HIRSCH GREENBAUM 5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of se		IDA	?	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	•	ADDRESS
	vice) SECURITY NO.			
NO	212-30-9911 A	MRS. KATE G	REENBAUM.	4008 GROVELAND AV
18. // = X	CAUSE O			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	0		/	3 12 00 163
(This does not mean the made of dying,	(A)	Vinima of	LVnJJ	3
heart failure, asthenia, etc. It means the di	sease.		/	
injuly at camplication which coused death.				
ANTECEDENT CAUSES	(B)C	generalized.	いれころしんり	'/ A
	000 10	1		
DISEASES OR CONDITIONS, if ony,				
tise to the above cause (A) staling	The (C)			
BRUEREIING CONDITION 1881,				
II				
DTHER SIGNIFICANT CONDITIONS CONTRIL				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	DIHE			
U 104 DATE OF OPERATION 198 CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
WAS PERFORMEN			IN CERTIFYING C	AUSES OF DEATH?
W 21A ACCIDENT WAS UNDERLYING	218 BLACE OF INTERVAL - 1	a chant 21.5 WHERE DID	/// 1= P=10	ore City, give exact location)
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or	ffice bldg., INJURY OCCUR?	ut in softime	ore city, give exoct locotion)
▼ DEATH (notify medical examiner)	etc.)			
O 21D. TIME (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJ	IIDY OCCIIO?	
OF INJURY			OK! OCCOR!	
(APPROX)	While At Not While At Work			
00 1 11 11 11 11 11 11				6/18
22. I certify that (I) (this hospital) atter	ded the deceosed fram		19 <u>()</u> ta	6/18 19.6
that (I) (we) lost saw the deceased aliv	e an 6/1/	19 6 7 and the	at in (my) (our) o	pinian deoth occurred on the
and have and from the convers state of	(1) (W) (1)			
and hour and from the causes stated about	ve. (1) (me) (did) (did not) (riew the body offer death.		Inch BARR diriting
23A. SIGNATURE				23 B. DATE SIGNED
Jet Jentry	M.D. Atte	ending Med.	Stoff Phys.	6/17/67
23C PHYSICIANS		23D. ADDRESS	* 11 y 3+ (man)	
23C. PHYSICIAN'S NAME (Type)		200. ADDRESS		
	UPERC M.D.	1000 11 11	APTITOU DE	DKMAN
חת דמתודו זד		4000 W. No	UKIHERN PA	KKWAY
DR. ISRAEL ZI	AC NAME OF CENTERRY OF COL	FALATORY		
DR. ISRAFI 71 PAA. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	AC. NAME OF CEMETERY OF CR	EMATORY 24D. L	DCATION (City, town, or county) (Sto
REMOVAL (Specify)				
REMOVAL (Specify)				
REMOVAL (Specify) BURIAL 6/19/67 25A, DATE REC'D BY HEALTH DEPT. 258. N	CHEURA AHAVAS CHE	ESED P	ANDALLSTOW	MARY LAND
REMOVAL (Specify) BURIAL 6/19/67 25A, DATE REC'D BY HEALTH DEPT. 258. N		ESED P	ANDALLSTOW	



4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? United States ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 19 31 to June 19, 19 67 23B, DATE SIGNED June 21, 1967 (City, town, or county) eceased 6420 Reisterstown Rd. 21215 Was 25B. NAME OF REGISTRAR Mowen Co. 108- - North-Av 21201 VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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			BALTIMORE CITY	HEALTH DEPARTME		CM	0000
BIRTH NO. M.E. CASE NO.	67 60	030	CERTIFICA	TE OF DEA	TH Registered	No. 67	6030
I NAME OF DECE			•		ATE AND HOUR OF DE	ATH	
· H	THIN BALTIMORE MA		3 · ————————————————————————————————————		20/67 E (Where deceased lived.	16 :	1.45
FULL NAME OF	ICATE (If not in hospital	or institution,	ENDED	MARYLAND	COUNTY	aa	esidence before odmis
HOSPITAL OR	oddress ar locotio	in)	6-28-67	C. CITY OR TOWN	(If outside city limits, w	rite RURAL on	d give township)
P				BALTIMO		32	-0:0
LUTHER	AN HUSPIT	AL OF	MARYLAND	S203	HOLLY ROA		
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Unde Months	Doys Haurs M
M	W		RRIED	7-20-0	6. 60		
	PATION (Give kind of working life, even if retired)	k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State	ar foreign country)	12, CITI	ZEN OF
	TRANSIT CO.			MARYLAR	Y D		5.19
13. FATHER'S NAM				14. MOTHER'S MAID			
	Sameul Har	rison			-Six Mary	Six	
15. Was Deceased (Yes, no or unknown)	Ever in U. S. Armed Fo	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
No				BARBARE	9	8203	HOLLY RD
18. / 6			CAUSE O	-			INTERVAL BETWEEN
DISEAS	E OR CONDITION DI	RECTLY					ONSET AND DEATH
	LEADING TO DEATH		(A) <	CARCINOMA	OF PAN	CREAD	
heart lailure,	ot mean the mode of asthenia, etc. It means plication which caused	s the disease,	DUE TO		000000000000000000000000000000000000000		
A	NTECEDENT CAUSES	S	(B)				
DISEASES	R CONDITIONS, iI	anv. aivina	DUE 10				
rise ta the	above cause (A)		(C)				
UNDERLYING	CONDITION lost.						
본 TO THE DI	FICANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING	ATED TO TH	G IE				
19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Ye	s ar No) 208. IF YES, W IN CERTIFYING	ERE FINDINGS CAUSES OF	CONSIDERED DEATH?
OR CONTRIBU	TING CAUSE OF	21 B	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE ffice bldg., INJURY OC	DID (If in Bol	timore City, giv	ve exact location)
	(Month) (Doy) (Yeor)	(Hour) 21E	INJURY OCCURRED	21 F. HOW D	DID INJURY OCCUR?		
21 D. TIME OF INJURY			ile At Not Whil				
		Wo		0 1 1 1		11000	
			he deceased from	6 16	19 67 10		
that (I) (we)	last saw the deceas	ed alive an	6 20	19.67	ond that in (my) (our)	opinion deo	oth occurred on the
ond hour ond	from the couses sto	oted obove. ((We) (did) did not)	view the body ofter	deoth.		
23A. SIGNATU	RE	- P.				23B, DA	TE SIGNED
V- Bis	Wanati	Pillan	M.D. Att.	ending Med.	r Stoff Phys.	6	20/67
23C. PHYSICIA	N'S			23D. ADDRESS			
NAME (T)	SWANATH	PIL	LBI M.D.	730 ASH	BURTUN	STRE	ET.
24A. BURIAL CREA	MATION, 248, DATE		AME of CEMETERY of CR		24D. LOCATION	(City, Iown,	or county) (Sto
REMOVAL (S	pecify)		Mt Olivet C		Baltimore	Md	
Burial	6/23/6			25C. FUNERAL DI		710	ADDRESS
25A. DATE REC'D	31181 0 0 4007	250. NAME	OF REGISTRAR	24 -			
	104 22 130 /	(Color)	C, Clariseemin	y	F H 237 Patap	sco Ave	21 225
1/E 1/0 DEL/ 1/1//	r	4		The second second			

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VS 150-REV. 1/1/6

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444 the state of 1-1-11-43 Agarol chipme pulming 747.4.7. X Union Happine Harpi Jers 8 Smith

VS 150-REV. 1/1/65

Mouse may the house business ; in un known The Elaine Knight Bush Link

Commer Tours to the share want forth Charlens .

of death

		TE OE DEATH Registered No.	67 6034
	M.E. CASE NO.	TE OF DEATH	
	1, NAME OF DECEASED THE OF PRINT AND RIGHT AND HISTORY	2. DATE AND, HOUR OF DEATH	745 au
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If ins	ititution: residence before odmission)
	FULL NAME OF (If not in hospitol or institution, give street	Mareslaces	
	HOSPITAL OR oddress or locotion)	C. CITY OR TOWN Wyside city limits, write R	URAL and give township)
2	Johns Hopkins Hospie	D. STREET ADDRESS (If rurol, give locgson)	16 15-43
5		1500 M. Ama	ellevort
3	5. SEY 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
1	Jemus Regeo Marries	4/20/19/0 5/	
	TOA. USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working ine, even if retired)		12. CITIZEN OF WHAT COUNTRY?
	Teacher Baltimore City 13. FATHERS NAME	Baltimore, Maryland	U.S.A.
2	Marchant Harr	Winnie Wright	7 .
3	15. Wes Deceased Ever in U. S. Armed Forces? 15. SOCIAL	17. INFORMANT	ADDRESS
	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 215-12-8708	Houston A. Johnson - 1500	Smallwood St.
5	18. CAUSE OF	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	Luttiple Kulm Emboli	7
	tinis does not meen the mode of dying, e.g.,	may com conver	
	heart failure, osthenio, etc. It means the disease, injury or complication which coused death.)	Carlos Office	
b	ANTECEDENT CAUSES (B) DUE TO	mo, orgunpara	
3	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the (C)	V	
2	UNDERLYING CONDITION Iost.		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
5	A DISEASE OF CONDITION CAUSING II.	Too.	
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
5	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in one, form, foctory, street, of	or about 21C. WHERE DID (If in Boltimore	City, give exact locotion)
200	DEATH (notify medical examiner)	ince dudy, intoki occok:	
3	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At	21F. HOW DID INJURY OCCUR?	
3	(APPROX.) While At Work At Work		10
2	22. I certify that (I) (this hospital) attended the deceased from		6/20 1911.
2	A # /	19 (aur) opin	ion death occurred on the date
2	and haur gad from the causes stated above. (We) (di) (dld'nat) v	iew the body after death.	23B, DATE SIGNED
5	M.D. Atte	nding Med. Staff Staff Phys. XX	6/20/17
		23D. ADDRESS	724
2	RALPH R. RAMPTON M.D.	JOHNS HOPKINS HOSPITAL	. (
3	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C, NAME of CEMETERY OF CRE		y, town, or county) (State)
0	Burial 6-23-67 Arbutus Memorial		
	25A. DATUN 2 2 1967 REGISTRAR	25C. FUNERAL DIRECTOR Charles R. Law 802 Madi	ADDRESS
	vs 150-REV. 1/1/65	Oner 100 It. Daw OUZ FEIGH	DUM AVO

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Table obot "

-48-391	67 6035 BALTIMORE CITY HEALTH DEPARTMENT	67 6035 7
70 g 2 g - 0 -	BIRTH NO. 67-11370 CERTIFICATE OF DEATH Registered No.	(000)
tal and f death eceased on the h. Such	1. NAME OF DECEASED (Type of Print) Baby BOY- AMOUN 2. DATE AND HOUR OF DEATH 6-14-67	330 A M.
hospi ise o (5) D ance deat	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If instit A. STATE B. COUNTY BALTO, C. CITY OR TOWN (If outside city limits, write RUI	13-03
ed in a string cause; r attend prior to	3 Haltmore City Hospital #21224 D. STREET ADDRESS (If rurol, give locotian)	
ed ar	4940 Eastern Ave. Baltimore, Maryland 2406 Waness At.	21217 007
occurred ontribution of contribution of contri	5. SEX Sex Se	If Under 1 Yr. If Under 24 Hrs. Aonths: Doys Haurs Min. 26 /
dec dec	done during most of working lite, even if retired) U, S, A, (MD.) 13. FATHERS NAME	WHAT COUNTRY?
on the	GEORGE BROWN AMANDA.	
-	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotes af service) 16. SOCIAL SECURITY NO. 17. INFORMANT 21224	ADDRESS
		ENUE, BALTIMORE
ned or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO CAUSE OF DEATH (A) RESPIRATORY DISTRESS DUE TO	ONSET AND DEATH
Pal	heart failure, asthenio, etc. It means the disease, injury or complication which caused death.) ### PREMATURITY	
s are e	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the (C) UNDERLYING CONDITION last.	
an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
e the	198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FIN WAS PERFORMED	
Ped	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore Contribution of Contrib	City, give exact location)
	OF INJURY (APPROX.) While At Not While Work At Work	
	22. I certify that (I) (this hospital) ottended the deceased from 6-14-13 19-67 to	6-14 1967.
6		an deoth occurred an the dote
must be	- and have and from the covere stated above (1) (We) (did) (did not) view the hady after death	DATE SIGNED
	M.D. Allending Med. Sidil V	6-14-67
	M.D. Themalice Twisery Julien	norelity Hoypital
ten di		town, or co(yhy) (State) and 21224
written	JUN 22 1967 P. S. S. S. FUNERAL DISPOSA HOSPITAL DISPOSA	ADDRESS
	VS 150-REV. 1/1/65	

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•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT	kind kind dear
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	BIRTH NO. 67 6036 CERTIFICA	TE OF DEATH Registered No. 67 6036
	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admissian) A. STATE B. COUNTY
	FULL NAME OF IIf not in hospitol or institution, give street oddiess or location)	MORYLAWO
3	UNIVERSITY OF MD. Mospital	BALTIMORE 1801
	Backo, MI 21201	D. STREET ADDRESS (If roiol, give location)
mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday) 15 Doys Hours Min,
ion is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
disposition	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	NOBH JOHNSON 15, Was Deceased Ever in U. S. Armed Forces? 16, SOCIAL	JULIA HELD 17. INFORMANT ADDRESS
final	(Yes, no or unknown) ((1) yes, give wor or dotes of service) SECURITY NO.	CHART
Imed or	DISEASE OR CONDITION DIRECTLY	F DEATH INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO	RITOUITIS & DEPSIS 4 days
pa	healt failure, asthenia, etc. It means the disease, injury or complication which coused death.)	T- Operation Small Bourd Fistula Zode
e e E	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	1 - Comotine There town I I state 200
ns ar	rise la the abave cause (A) stating the UNDERLYING CONDITION last.	
remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Pulmman Inforction 18 days
e the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED POWER Very CO	20 A. AUTOPSY? IVes of No. 20 . IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
before	O 21A.ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY e.g., in order to the control of the control	n or about 21 C. WHERE DID III in Baltimore City, give exact location)
ained	ZID. TIME (Manth) (Doy) IYeor) (Hour) 21E. INJURY OCCURRED While At Nort While At Work	
obta	22. I certify that (1) (this haspital) attended the deceased from 6/1 19 67 to 6/2(19 6),	
pe	that (1) (we) last sow the deceased alive on	
must	23A. SIGNATURE	23B. DATE SIGNED
	23C. PHYSICIAN'S	ending Med. Stoff Director Phys. 23D. ADDRESS
approval	IRVIN M. SOPHER M.D.	University of Md. Kop. tal
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMITERY of CR	EMATORY 24D. LOCATION (City town or county) (Stote)
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF BEGISTRAR	25C, FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS
	V\$ 150-REV. 1/1/65	The second to the second to the second

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred and hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	a h	7 10	written approval must be obtained before the remains are embalmed or final disposition is made.
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	his	ne b	MOL	SD	929	ritt
	F	+	S	3	D	3

BIRTH NO.	67	7 608	BALTIMORE CITY CERTIFICA	TE OF DEA		Registered No.	67 6037
M.E. CASE NO.	EASED			2. D.	ATE AND	HOUR OF DEATH	
(Type or Print)	ADA GAVIN				0 6	17-67	9:20AM M.
3. PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENC	E (Where d		stitution: residence before admission)
					. COUNTY		
FULL NAME O	F (If not in hospital a oddress or location	or institution,	give street	MARYLAND			100
INSTITUTION	oddiess of tocolpy.			C. CITY OR TOWN	_	e city fimits, write R	URAL and give township)
L		-		BALTIMOR			5-01
13 THE JOH	NS HOPKKNS H	IOSPITAL	-	D. STREET ADDRESS	(If rufo	l, give location)	
				1613 EAS	T BAL	TIMORE STA	
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9.	AGE (In years birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
FEMALE	WHITE	Wid	lowed	8-4-1883		84	
10A. USUAL OCCI	UPATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign	country)	12. CITIZEN OF
	working life, even if retired)	771	. S.,	Dannard less	nin		WHAT COUNTRY?
Housewif		Homemak	cer	Pennsylva			U.S.A.
13. FATHER'S NAM	ΜE			14. MOTHER'S MAID			
William	Feetz			Marie F	ritz		
	Ever in U. S. Armed Fore		1 6. SOCIAL	17. INFORMANT			Quakertown
	(If yes, give wor or dote		SECURITY NO.			D 0 D	
NO			None	Lydia Fr	etz	R.Z Box	318 Pennsylvania
18. 4	3XI		CAUSE O	F DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEAS	SE OR CONDITION DIR	RECTLY					
	LEADING TO DEATH		(1) (0)	Na Ropa	25-		
	nat meon the mode of		DUE TO	ACLES SECTION OF THE PARTY OF T	3.9.4		
	asthenia, etc. It means			^			
	ANTECEDENT CAUSES		(B) 1 1	Warnary a	ETR BOLL	25	
			DUE TO	/			
	DR CONDITIONS, if (e abave cause (A)		(6)				
	G CONDITION last.	sidiling inte	(0)	***************************************			
			7.7				
Z OTHER SIGN	II IFICANT CONDITIONS C	ONTRIBUTING	G .		1		
E TO THE D	EATH BUT NOT RELA	TED TO TH		ties achieve	concent	ALC:	
U 19A. DATE OF	CONDITION CAUSING I		WHICH OPERATION	20 A. AUTOPSY? (Ye			INDINGS CONSIDERED
19A. DATE OF	WAS PERF	FORMED		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	N CERTIFYING CAL	ISES OF DEATH?
E CIDE	NT WAS IINDEBLYING	218	PLACE OF INJURY (e.g., in	a about 21 C WHERE	DID	(If in Baltimara	City, give exoct locotian)
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF	hom	ie, form, foctory, street, of	fice bldg., INJURY OC	CUR?	ti in odinilore	City, give exoct locondin
DEATH (notify	medical exominer)	etc.)				
O 21 D. TIME	(Month) (Doyl (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW E	DID INJUR	Y OCCUR?	
S OF INJURY			ile At Not Whil				
(ATTROM)		Wo	rk At Work	/ /			1-
22. I certify	that (1) (this haspital) attended t	he deceosed from	5/18	19	67 to 6	/17 19 6/
that (I) (we)	last sow the deceose	d olive on	6/17	19 67	ond that	in (my) (our) opin	nian death accurred an the date
and hour on	d from the course stat	ed above (I) (We) (did) (did nat) v	7			
23A, SIGNATU		red obove. (i) (He) (did har) V	Tew the body after	dearn.		23B. DATE SIGNED
23A. 310NATO	111		M.D. Atte	ending Med.	Sto		236. DATE SIGNED
Mary	H J. Dunk	Mm >	Phy			ys. L	6/17/67
23C. PHYSICIA	IN'S			23D. ADDRESS			0/11/0/
NAME (T	1100	0.0.0	M.D.	trace 11	4/4	Hanne	- X
24A. BURIAL CRE	METH LA DA	CLG HAM	AME of CEMETERY OF CRI	JOHN'S HO	PRINS	MOSPITAL	MITUNIKE, IND.
REMOVAL (Specify)				24D. LOC		y, lown, or county! Catolel
Burial	6-22-67	Ce	dar Hill Ceme	tery	Balt	imore, Mar	yland
25A. DATE REC'D	BY HEALTH DEPT.	258. NAME (F REGISTRAR	25C. FUNERAL DI	RECTOR	1 21	8 St. Parrest.
111N 99	1967 (R.D. 5	E, acon	acid, and	Wm. Cook	Brook	-	
VS 150-REV. 1/1/	46			77.M. 000K_		Ba	lti., Maryland
V3 130-KEV. 1/1/	0.3			200 115	6		

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 6038

M.E. CASE NO.	0000		AMINER 5 CI				
Type or Print)	EASED	_	COLDENIA	TNO	2. DATE AN	D HOUR PRONOUNCE	D DEAD
PAUL		ь.	SCHMEHL		June	20, 1967	10:50 p. M
ULL NAME OF	MORE MARYLAND, W			Marylar	nd	B. COU	
IOSPITAL OR	ADDRESS OR LOCA	TION)	HON, GIVE SIKEEI	C. CITY OR TO	WN (If outsid	e corporate limits, write	RURAL ond give township)
13111311311				Baltin	more		12.0
1828	St. Paul Str	reet		D. STREET ADD		-	
				ll		Street	
. SEX	S. RACE	WIDOWED, I	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT		9. AGE (In years	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
Male	White	Marr	ied	XXXXXX			
	PATION (Give kind of work orking life, even if retired)	IOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Pipe F]	Retired	Mary1	and		USA
FATHER'S NAMI				14. MOTHER'S N	MAIN NAM	E	
WAS DECEASED	George Sc	hmehlin	116. SO CIAL	There	sa Myer	S	ADDRESS Doll Md
es, no or unknown)	If yes, give wor or dote		SECURITY NO.				Balt. Md.
Yes	WW 11	70.74	215-07-0355	Mrs Mary	Schmeh	ling XXXX 18	328 St. Paul St.
18. 4	2.1		CAUSE	OF DEATH			INTERVAL BETWEEN
OTHER SIGN	II IFICANT CONDITIONS	CONTRIBUTION	(C)				
TO THE DISEASE OR	CONDITION CAUSING	ATED TO T	HE				
19A. DATE OF	OPERATION 198, CON WAS PERI		WHICH OPERATION	No	Y? (Yes or No)	20B. IF YES, WERE FIN	
21A, EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, o	ffice bldg., INJUR	WHERE DID Y OCCUR?	(If in Boltimore City, give	ve exoct locotion)
OF INJURY	(Month) (Doy) (Yeor	v	VHILE AT NOT AT W	WHILE	OW DID INJ	JRY OCCUR?	
22.	fy that I held an I	nquiry 🗌	Inspection X Aut	apsy an	d that on th	is basis, death in m	y apinian
result	ed from: Natural cau	ses X A	ccident Suicide	Homic	ide 🗌 🐧	Indetermined manne	er 🗌
	1 , ,	1	5)		EDICAL EX	AMINER _	D 6.01
SIGNATU	IRE LUN	gh-	/ M.D.	ASSISTANT M			DATE SIGNED
EXAMINE NAME (T		U. Spit	k/M.D.	ASSOCIATE A	MEDICAL EX	AAMINEK	6/21/67
3A, BURIAL CREM EMOVAL (Specify) Buria	AATION, 238 DATE		NAME OF CEMETERY O				town, or county) (Stote)
4A. DATE REC'D E			Baltimore Nat		C C	atonsville,	Md.
JUN	22 1967 R	2258,	tarkeying				timore, Md. 2120
S 151-REV. 1/1/6	5	1		DAD	(1)		, and all

3 33 33 2 3 2 o Salary (mitthere attioned) (transvirie, in.

258. NAME OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered Na.

10.50

If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min, 12. CITIZEN OF WHAT COUNTRY? W.V. McCotter 8219 Loch Raven Blvd Balt. Md. INTERVAL BETWEEN ONSET AND DEATH 18 SGUAMOUS CELL CA PTTHIGH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)and that in (my) (aur) opinion death occurred an the date 23B, DATE SIGNED Baltimore, Md. ADDRESS 25C. FUNERAL DIRECTOR Wm. Cook-Brooks Inc. Baltimore, Md. 21202

VS 150-REV. 1/1/65

MOS

BIRTH NO.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	1235
as as	FUNERAL DIRECTOR: IMPORTANT roved by the chief medical examiner or his assistant if death occurred in a hospital and he hospital by a medical examiner. Also, if the direct or contributing cause of death ty nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such the integral was in regular attendance on the deceased prior to death. Such the integral of the physician was in regular attendance on the deceased prior to death. Such the integral of the physician was in regular attendance on the deceased prior to death. Such the integral of the physician was in regular attendance on the deceased prior to death.
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	1+OUST	1 NO	IRS VIRGINI	A	2. DATE AND HOUR OF	67.	13.50	P. M
PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESID	DENCE (Where deceased live B. COUNTY	ved. Il institu	tion: residence before	
FULL NAME	OF (II not in hospital	or institution.	give street	MD		1.	104	
HOSPITAL OF			3.10		WN (If outside city limits	s, write RUR7	AL ond give township)	
, -	CHURCH H	ONE I	Harp .		TITIMORE			
5	Carolica (1)	OWIT 9	(1027	D. STREET ADD	RESS (II rurol, give loca		UNT AVE	125
SEX	6. RACE	7 AA A DRIFE	, NEVER MARRIED	B. DATE OF BIRT				er 24 Hrs.
-	W	WIDOWI	PRICED (specify)	2.14.	lost hirthday)	M	onths Doys Hours	
			F BUSINESS OR INDUSTRY	11. BIRTHPLACE		1:	2. CITIZEN OF WHAT COUNTRY?	
	of working life, even it retired)	0	77 - 1000	W.	VA.		AMR.	
Housew		UWn	Home	14. MOTHER'S	AAIDEN NAME			
T	ORING R	ICF		Ida Erv	in			
5. Was Deceas	ed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT			ADDRESS	
	wn) (II yes, give wor or dote	es of service/	SECURITY NO.	CHOR	20H HOME	of Ho	· 92	
No	527		CAUSE O	F DEATH			INTERVAL BETY	WEEN
12	ASE OR CONDITION DI	RECTLY					ONSET AND D	
	LEADING TO DEATH		(A)	JBARA	HOUOID HAE	MORRHA	GE 32	day
	not meon the mode of e, osthenio, etc. It meons		, DUE TO					0
	omplication which coused		,					
	ANTECEDENT CAUSES	S	(B) DUE TO					
	OR CONDITIONS, if		502 10					
			3	HUPER	TENI SIAA			
	The obove couse (A) NG CONDITION lost.		(C)	HYPER	TEN SION	-0 w w 0 0 0 0 to 0 0 0 w w w w divisory-6		
	NG CONDITION lost.		(C)	HYPER	TEN SION	0 w w 0 0 0 0 0 0 0 0 w w w 1000 0000 4		000000000000
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UN DERLYII	NG CONDITION lost. II INIFICANT CONDITIONS (DEATH BUT NOT REL/ IR CONDITION CAUSING OF OPERATION 198. CON WAS PER	Sloting the	NG HE WHICH OPERATION	20 A. AUTOPS	Y? (Yes or No) 208. IF YES	, WERE FIND	DINGS CONSIDERED S OF DEATH?	
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15. W	as Deceased	Ever in U. S. Armed For	ces?	6. SOCIAL	17. INFORMANT		ADDRESS
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JUN 22 1967 R. P. B. E. Starleuna Conver 2 4 orges-3	254		REGISTRAR	25G FUNERAL DIRECTOR	
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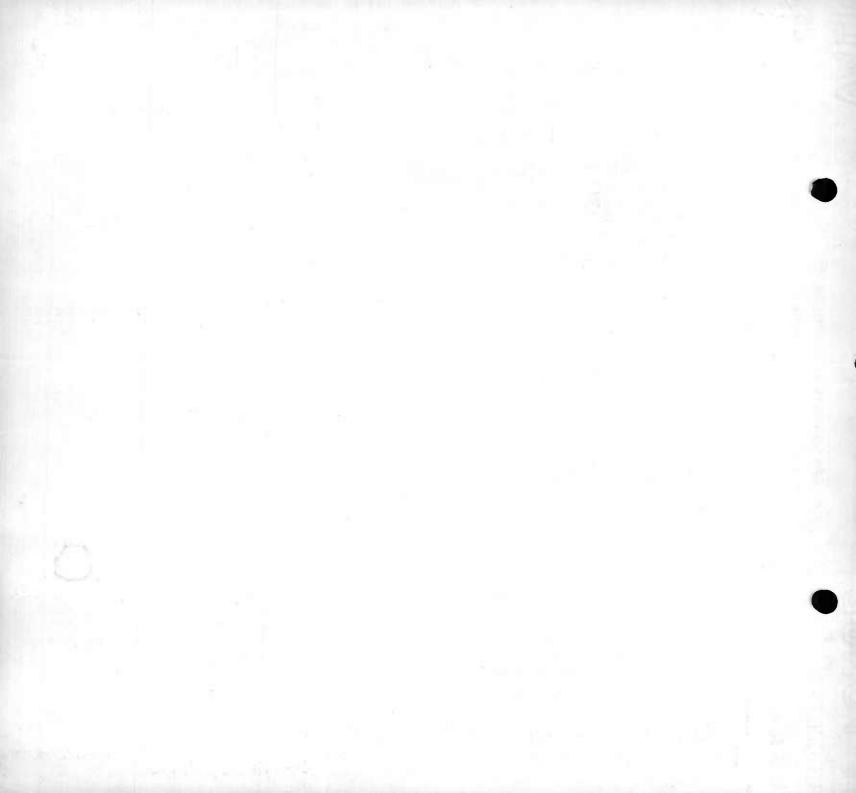
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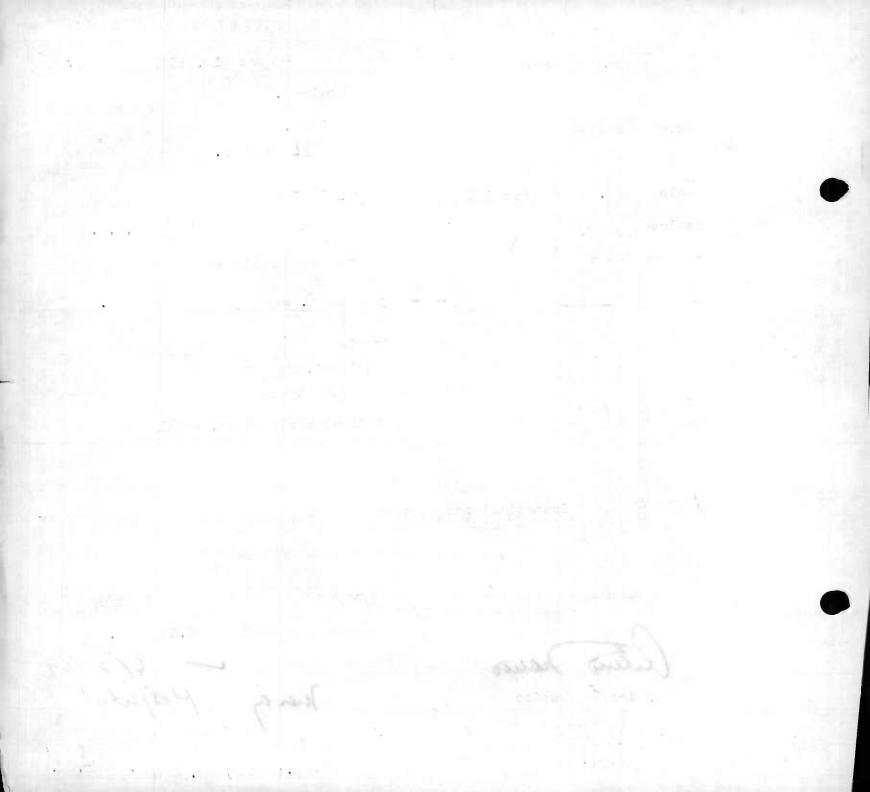
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 67 fution; residence before admission) RAL and give township) If Under 1 Yr. If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS INTERVAL BETWEEN ONSET AND DEATH 24-36 HRS. NDINGS CONSIDERED City, give exact location) JUNE 19 on death accurred on the date 38. DATE SIGNED town, or county) (Stote) Balto. 512 n. Cambellon

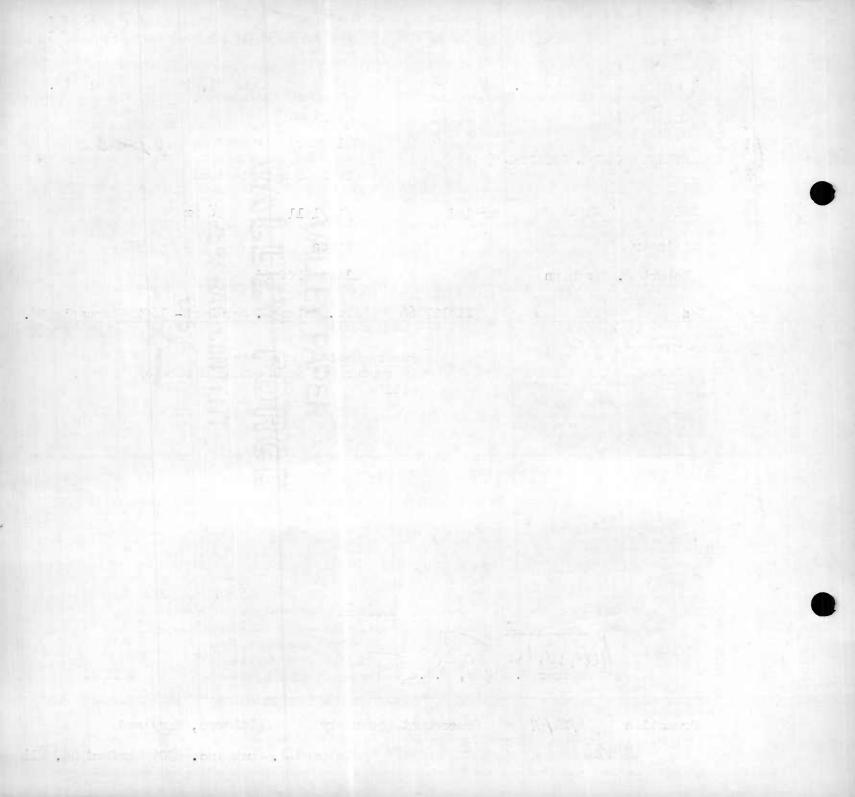


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(Тур	e or Print)	oseph	A Cook	Mar			Ju	ne 21 . 10	67	5:55 PM
3. P	LACE OF DEA	TH IN BALTIN	ORE, MARY	LAND		4. USUAL RESID	ENCE (Whe	re deceased lived. If	institution: re	5:35 P. M. esidence before odmission)
1	ULL NAME OF		n hospitol or or location)	institution,	give street	A. SIATE Maryla	and.	NTY	9	03
- 1	NSTITUTION							iside city illinis, while	KORAL OIL	give lowinship)
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5. S	4.4	6. RACE		WIDOWED	NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRT	.,	9. AGE (In years lost birthdoy)	If Unde Months	T 1 Yr. If Under 24 Hrs. Doys Hours Min.
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15. \	Was Deceased , no or unknown)	Ever in U. S.	Armed Force	s?	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS
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	REMOVAL (S	pecifyl	- / / .	240, 147	ATTE OF GENTLERE OF GR	LIVIA I GRI	240.		Az town, c	
25 A	Burial DATE REC'D	BY HEALTH D	0/24/6 DEPT. 2		Oly Redeemen	Cemeteri 25C. FUNERA	DIRECTO	altimore	Mary	ADDRESS
		JUN 22			E. Salley M.A.	John		rah Inc. 30	00 E. L	Balto. St.
VS	150-REV. 1/1/6	5		. 12	1 / U	(3)	6.			



,		DALTIMORE CITT HEALTH DEFARTMENT
6	BIRTH NO.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Regist
	M.E. CASE NO.	

M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print)			2. DATE AND HOUR PRONOUNC	ED DEAD
GEORGE B.	NORTHERN		June 21, 1967	9:00 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO FULL NAME OF (IF NOT IN HOSPITAL OR INSTITT HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		Marylan c. city or tow	N (If outside corporate limits, write	INTY
MARYLAND GENERAL HOSPITAL (I	00A)	Baltimor D. STREET ADDRE	ESS (If iuiol, give location)	1-38
		1602 G1	en Eagle Road	
WIDOWED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday) 56 566	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male White Man	ried	5/15/197	tote or foreign country)	12. CITIZEN OF
done during most of working life, even if retired)				WHAT COUNTRY?
Engineer		Montana	IDEN NAME	USA
Robert J. Northern 15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL	Ellen Gi	itora	ADDRESS
(Yes, no oi unknown) (If yes, give wor oi dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
Yes WWII	218127866	Mrs. Hel	en R. Northern- 1	.602 Gleneagle Rd.
18.	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	Subar	achnoid He	morrhage	
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	DUE TO ru Willi	-	neurysm of Circle	of
ANTECEDENT CAUSES	WIIII	.3		
DISEASES OR CONDITIONS, IF ANY, GIVING	(B) DUE TO			***************************************
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	501.10			
	(C)			
2				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. TIPA, DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED				
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 20B, IF YES, WERE FI	
WAS PERFORMED		Yes	IN CERTIFYING CAU	SES OF DEATH? Yes
21 A. EXTERNAL CAUSE WAS 21B, UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.	PLACE OF INJURY (e.g., e, form, factory, street, c	in or obout 21C. Wi	HERE DID (If in Boltimore City, gi	ve exoct locotion)
	21E. INJURY OCCURRED	21 F. HO	W DID INJURY OCCUR?	
OF INJURY		WHILE		
m.	WORK AT W	ORK		
22. I certify that I held an Inquiry	Inspection Aut	topsy X and	that on this basis, deoth in n	ny apinian
resulted from: Natural causes X	Accident Suicid		e Undetermined mann	er
		_	DICAL EXAMINER	
SIGNATURE SIGNATURE	7/ (M.D.	ASSISTANT ME	DICAL EXAMINER X	DATE SIGNED
EXAMINER'S Werner U. Spi NAME (Type)			DICAL EXAMINER	6/21/67
23A, BURIAL CREMATION, 23B, DATE 23 REMOVAL (Specify)	C. NAME of CEMETERY O	CREMATORY	23D. LOCATION (City,	, town, or county) (Stote)
Cremation 6/24/67	Greenmount Cr	rematory	Baltimore, Mar	vland
	of REGISTRAR	24C. FUNERA	L DIRECTOR	Address 5 Harford Rd. #14
VS 151-REV. 1/1/65	1 7 13 3	0 1 0	17 1	1



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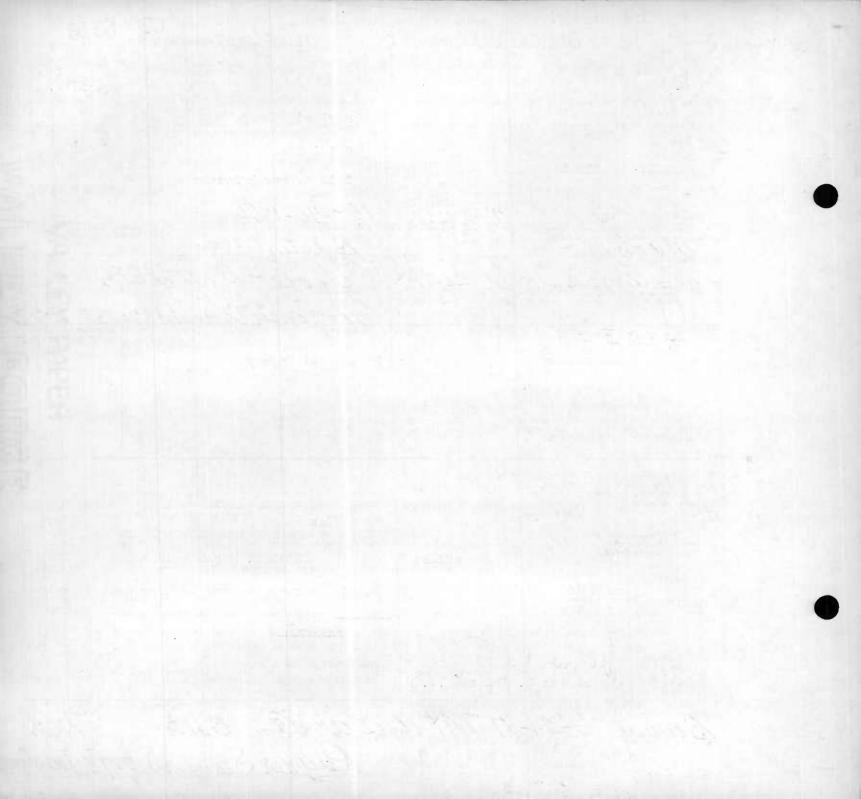
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1		67 6046 BALTIMORE CITY HEALTH DEPARTMENT 67 6046
W.62	-3	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
		M.E. CASE NO.
		1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) Tage 19 1967 (4.55 D
		JAMES WRIGHT June 19, 1967 4:55 P. M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY
		A. STATE B. COUNTY Maryland
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
	3	HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location) 2013 E. North Avenue
•		5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 10-20-1920 47 If Under 1 Yr. If Under 24 Hrs. Min. Months, Doys, Hours, Min.
		10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
		James H. Wright Veolet B. DEller
		(Yes, no or onknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS OLYGINATION (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS OLYGINATION (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS OLYGINATION (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS OLYGINATION (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY
		LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO
		heart foilure, osthenio, etc. It means the disease, injury ar camplication which coused death.)
		ANTECEDENT CALIFEC
		ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO
		RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
		(C)
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
		Yes Yes Yes
		21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- long of location and contriberation of location and contriberation and contriber
		21D TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
		June 16 '67 12: 30 WHILE AT NOT WHILE X struck on head by home made pick handle
		I certify that I held on Inquiry Inspection Autopsy X and that an this basis, death in my opinion
		resulted from: Natural causes Accident Suicide Hamicide W Undetermined manner
		ACTUAL ACTUAL DATE SIGNED
		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER A
		EXAMINER'S Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 6/20/67
8		23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (State)
		Bureal 6-24-67 MY CUIDIAM Em Books MA
		24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. EUTHERAL DIRECTOR ADDRESS
		JUN 22 1967 Reab & Farlund Kaymer Sandone 217 E Treston
		VS 151-REV. 1/1/65

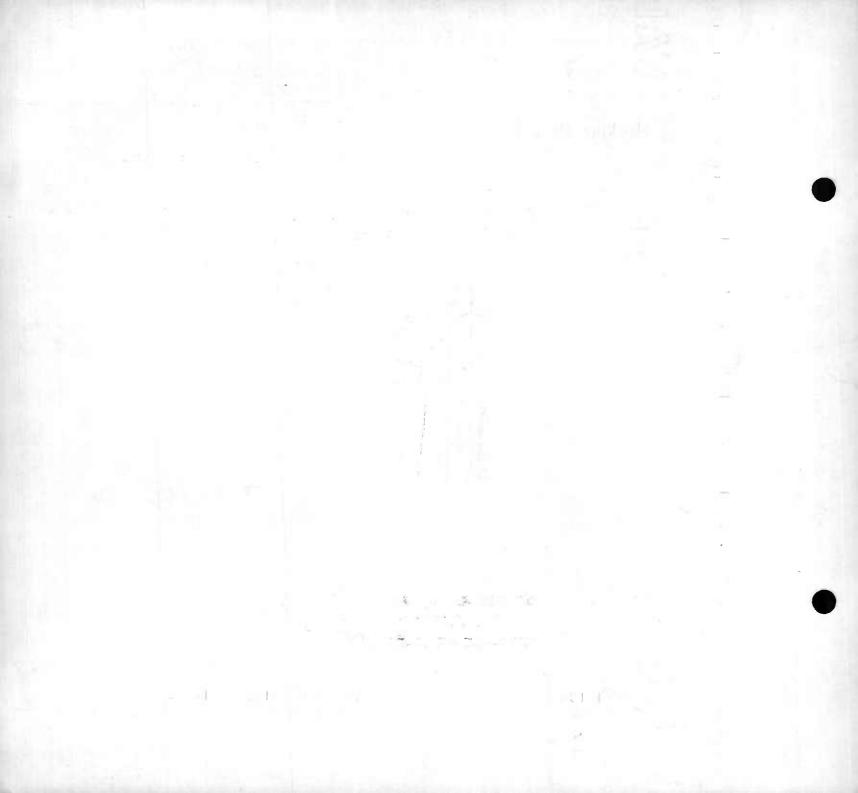


t 2 5 € €	BIRTH NO. M.E. CASE NO. 67 6047CERTIFICATE OF DEATH Registered No. 07. 6047 CERTIFICATE OF DEATH
Deceased e on the ith. Such	1. NAME OF DECEASED (Type or Print) LAMOND, TRANCIS ANDREW 2. DATE AND HOUR OF DEATH 5. 1 > PM June 21. 1967 M. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
4	FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE
made.	The Union Menoral Hospital D. STREET ADDRESS (Il rurol, give location) 4639 SCHENTEY Rd
	5. SEX 6. RACE WIDOWED, DIVORCED (specify) MARRIED WIDOWED, DIVORCED (specify) O7-20-13 ost birthdoy) If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) done during most of working lite, even it retired) HUTZLER BROS. HUTZLER BROS. AMERICAN
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MILDRED HICKEY
	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ogunknown) (If yes, give wor or doles of service) (Yes, no ogunknown) (If yes, give wor or doles of service) (Yes, no ogunknown) (If yes, give wor or doles of service) 220-14-1969 MRS. HELEN LAMOND (SAME)
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heort failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Culturary elderna (D) ETO
	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) sloting the (C)
	UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	O THER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 19B. CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Baltimore City, gine exact location) home, form, foctory, street, office bidgs, INJURY OCCUR?
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Wark At Wark
	22. I certify that (I) (this haspital) attended the deceased from 2 PM June 21 1967 to 5.10 PM June 21 1967, that (I) (we) last saw the deceased alive an 5.10 PM June 21 1967 and that in (my) (aur) apinian death accurred an the date
	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) SANG WON SONG, M.D. Attending Med. Director Stoff Phys. Tune 21.1967 23D. ADDRESS THE UNION MEMORIAL HOSPITAL
	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial 6/24/1967 Moreland Mem. Pk. Parkville, Balto. Co., Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRATION PARK DIRECTOR ADDRESS JUN 22 1967 Park Rd. 1965 York Rd. 1965
I	VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

LAMMAN, PICTOR STATE WESTERN STATE OF THE PARTY OF THE PA CINI BALTIMORE The Union Measured Hospital ALBY SCHENTLY NO M WHITE M 07-20-15 51 MD AMERICAN CHOMALI ZUITADADI MILIDRED HICKEY Pederson soder a Comany anterneceleration Sparen June 1 67 Stopen June 1 5/ X Turkling

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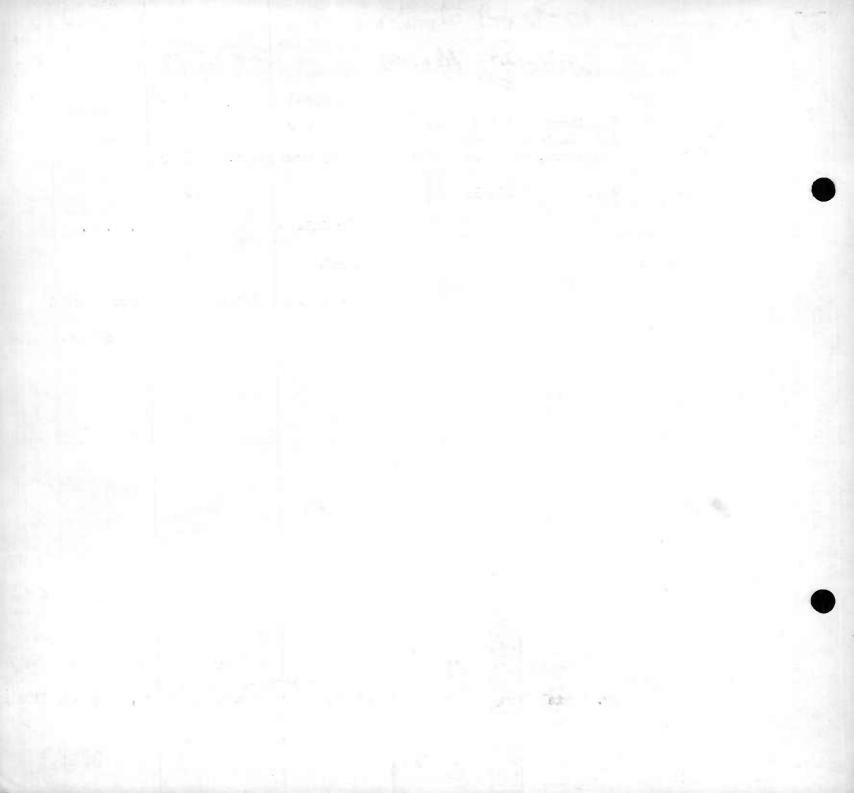


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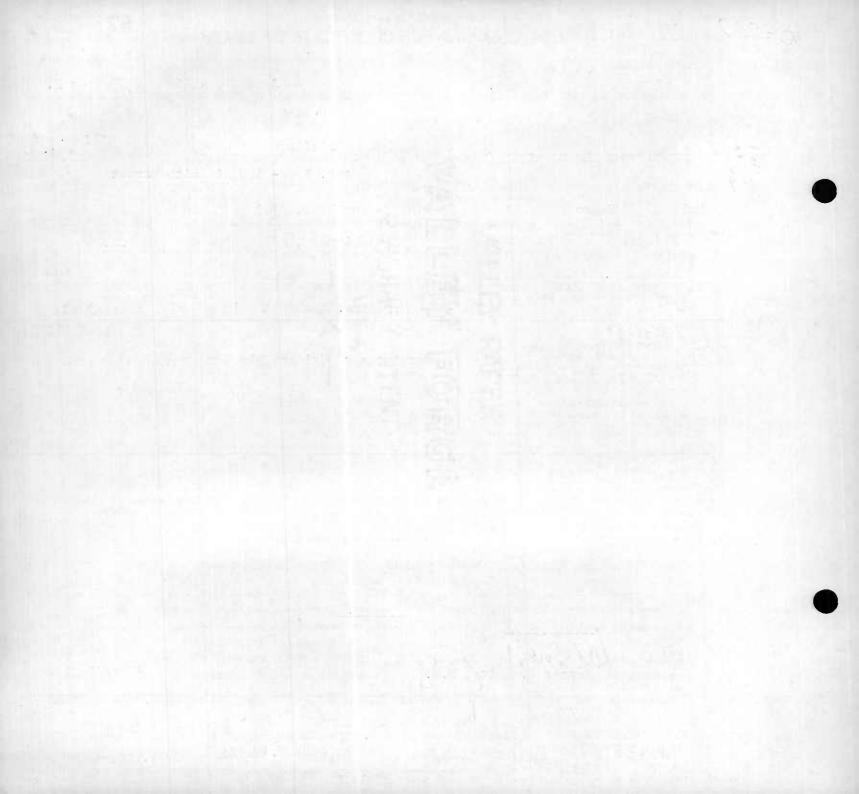


LAMANG OF SECRATED A. BANKS June 20, 1967 8:24 P. M. JULE ARATMORE MARITAND, WHERE FORCOUNCED DEAD JULE ARAM OF MARITAND WHERE FORCOUNCED DEAD JULE ARAM OF MARITAND OF ADDRESS OF LOCATION ADDRESS OF LOCATION OF THE MARITAND WHERE FORCOUNCED DEAD AND LA STATE IN ARTHMORE MARITAND, WHERE FORCOUNCED DEAD A. STATE MARY LANGE OF MARITAND WHERE FORCED WINDOWLD DIVORCED DEAD JULE ARAM OF MARITAND OF THE MARITAND WHERE FORCED WINDOWLD DIVORCED DEAD API, 9 C - 130 Alsquith Street Male Negro Negro API, 9 C - 130 Alsquith Street API, 18 API Where MARRIED WAS FIRST ON THE MARKET DEAD OF SURVINES OF INDUSTRY IL BETHRACE ISses or feeding country API ARE SHAPE OF MARITANDE FORCES SEA WAS DECEASED VER IN U.S. AMARE FORCES LOVAS DECEASED VER IN U.S. AMARE FORCES DISEASE OR CONDITION DIRECTLY LEADING TO THE BOOK OF AMARE AND THE CONTINUENT (LOSA) IN ORDITAND TO COURTE AND THE CO	BIRTH NO	DUJU MED	ICAL EX	(AMINER'S C	ERTIFICAT	E OF DEATH Regis	tered Na.			
A BANKS June 20, 1967 8:24 P. M. TOTAL RESIDENCE When decessed fired a country institution, and an analysis of the country and analysis of the country analysis of the country analysis of the country analysis of the country and analysis of the country and analysis of the country and analysis of the country analysis of the countr	M.E. CASE NO.									
RICHARD A. BANKS June 20, 1967 8:24 P. M. ANACE IN SAIMONE MARKLAND, WHERE PRONOUNCED DEAD RULL NAME OF ME NOT IN HOSPITAL OR INSTITUTION, GIVE STREET RULL NAME OF MARKED IN COCARON CHURCH HOME AND HOSPITAL (DOA) D. STREET ADDRESS OR INVER MARKED MAD 9 C - 130 Aisquith Street Apr 9 C - 130 Aisquith Street S. SEA ROLL NOW, DIVER MARKED MORY DOWN, DIVORCEDISpecify) Married April 28, 1911 56 S. SEA D. SACE NOW, DOWN DOWN, DIVORCEDISpecify) Married April 28, 1911 56 S. SEA ROLL STREET ADDRESS OR INDUSTRY MARKED IN NOW, DIVORCEDISpecify) Married April 28, 1911 56 S. SEA D. SACE NOW, DOWN DOWN, DIVORCEDISpecify) MARRIED IN NOW, DIVORCEDISPECIFY MARKED IN NOW, DIVORCEDISPECIFY MARKED IN NOW, DIVORCEDISPECIFY MARKED IN NOW, DIVORCED IN NOW, DIVORCED IN NOW, MARKED S. SEA D. SACE NOW, D. SACE N	1. NAME OF D	ECEASED				2. DATE AND HOUR PRONOUN	CED DEAD			
CHURCH HOME AND HOSPITAL (DOA) CHURCH HOME AND HOSPITAL (DOA) Baltimore D. STREET ADDRESS OF LOCATION (Dive No. ARREST) Male Negro Married Negro Negro Married Negro Negro Married Negro Negro Married Negro Negro Negro Married Negro Negro Negro Negro Negro Married Negro Negro	RIC		Α.		KS	June 20, 1967 8:24 P.				
MATURE OF NOME AND HOSPITAL (DOA) CHURCH HOME AND HOSPITAL (DOA) CHURCH HOME AND HOSPITAL (DOA) APL 9 C - 130 Atsquith Street Negro Maryland CHURCH HOME AND HOSPITAL (DOA) APL 9 C - 130 Atsquith Street APL 9 C	3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission					
CHURCH HOME AND HOSPITAL (DOA) Baltimore D. STREET ADDRESS (III rout, give location) Apri. 9 C - 130 Aisquith Street Nogro Married Nogro Nog	FILL NAME OF	E (IE NOT IN HOSPIT	AL OR INSTIT	TION CIVE STREET	Maryl	and	V			
CHURCH HOME AND HOSPITAL (DOA) D. STRET ADDRESS (III Novel, give location) Apt. 9 C - 130 Aisquith Street Apt. 9 C - 130 Aisquith Street Negro Male Negro Male Negro Married Apt. 9 C - 130 Aisquith Street Negro Married Apt. 10 Aisquith Street National Provincion Apt. 10 Aisquith Street National Provincion Apt. 9 C - 130 Aisquith Street National Provincion Apt. 10 Aisquith Street National Provincion Apt. 9 C - 130 Aisquith Street National Provincion Apt. 9 C - 130 Aisquith Street National Provincion Apt. 9 C - 130 Aisquith Street National Provincion Apt. 9 C - 130 Aisquith Street National Provincion Apt. 9 C - 130 Aisquith Street National Provincion Apt. 9 C - 130 Aisquith Street National Provincion Apt. 9 C - 130 Aisquith Street National Provincion Apt. 9 C - 130 Aisquith Street	HOSPITAL OR	ADDRESS OR LOCA	ATION)	JIION, GIVE STREET	C. CITY OR TOWN (If outside corparate limits, write RURAL and give township)					
Male Negro Maried A. Banks Maried					Balti	more	5-07			
MAILE OF BEATH S. AACE V.MARBIED, MVERE MARRIED S. DATE OF BEATH P. ACE IN yours Month Down House Year Min.	CHURCE	H HOME AND HOS	PITAL (DOA)						
Male Negro Married April 28, 1911 56					Apt. 9	C - 130 Aisquith	Street			
Male Negro Married April 28, 1911 56 Cinten of What Country Saltimore, Mid U.S.A					8. DATE OF BIRTH	9. AGE (In years	s If Under 1 Yr. If Under 24 H			
10. USUAL OCCUPATION (Give kind of work) 08. END OF BUSINESS OR INDUSTRY 10. BETHERACE Uside or foreign country 12. CHIZEN OF WHAT COUNTRY? 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. SOCIAL 15	Male	Negro			April 28		IVIOLINIS DOYS FITOUIS IVIIII.			
Painter Baltimore, Md U.S.A FATHERS ANAME Richard A. Banks S. WAS DECEASED EVER IN U.S. ABMED FORCES? Yes, no a runhawn/lif yes, give wor at dates of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (In it does not meen the mode of dying, s.g., here failure, estenic, etc. It means the diseases, injury or complication which caused death, injury or complication which caused death. ANTECEDENT: CAUSES DISEASES OR CONDITION LAST. ANTECEDENT: CAUSES DISEASES OR CONDITIONS, IF ANT, GIVING UNDERLY IN SOUTH AND DEATH OF THE DEATH BUT NOT RELATED TO THE	IOA, USUAL OC									
13. FATHER'S NAME Richard A. Banks 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED SYER IN U.S. ARMED FORCES? Yes, no a runknown, and yes, give wor or dodes of service 220-05-2772 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley St 16. SOCIAL SECURITY NO. 2005-2727 Mrs. Margaret Bakns 616 Grantley S					WHAT COUNTRY?					
S. WAS DECEASED EVER IN U.S. ARMED FORCES? Ves, no or unknown fill yes, give wor or dates of service) 16. SOCIAL Second to unknown fill yes, give wor or dates of service) 17. INFORMANT Mrs. Margaret Bakns 616 Grantley St CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH INTER							U.S.A			
S. WAS DECEASED EVER IN U.S. ARMED FORCES? Ves, no or unknown fill yes, give wor or dates of service) 16. SOCIAL Second to unknown fill yes, give wor or dates of service) 17. INFORMANT Mrs. Margaret Bakns 616 Grantley St CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH INTER	Rich	and A Banka								
SECURITY NO. 200-05-2727 Mrs. Margaret Bakns 616 Grantley St CAUSE OF DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH LEADING TO DEATH (Initial data mote and mote of directly) LEADING TO DEATH (Initial data mote and mo			FORCES?	IA SOCIAL		Degre	ADDRESS			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (It is does not mean the mode of dying e.g., hoof folion) injury or complication which caused death, it east, injury or complication which caused death, it east, injury or complication which caused death, is east, injury or complication which caused death, it east, injury or complication which caused death, it east, injury or complication which caused death, it is not to the above cause (a) Stating the UNDERLYING CONDITION S, IF ANY, GIVING BUT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION CONTRIBUTION TO THE DISEASE OR CONDITION CAUSING IT. III OTHER SIGNIFICANT CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION CONTRIBUTION TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION CONTRIBUTION TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION CAUSING IT. III OTHER SIGNIFICANT CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION COURTS TO THE DISTANCE OF THE TOT THE OTHER CONTROL COURTS TO THE OT	(Yes, no ar unknav			SECURITY NO.						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This dees not meet in the mode of dying, e.g., heet fielding, otherite, etc. It means the diseases, injury or complication which caused devine, especially or complication which caused devine, especially or complication which caused devine and the diseases, injury or complication which caused devine and the diseases, injury or complication which caused devine and the diseases, injury or complication which caused devine and the diseases, injury or complication which caused devine and the diseases, injury or complication which caused devine and the diseases, injury or complication which caused devine and the diseases, injury or complication with the diseases, injury or cause of the diseases, injury or caused of the diseases, injury or cause of the diseases, injury or c	No			220-05-2727	Mrs. Mar	garet Bakns 61	6 Grantley St			
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Contify that I held an Inquiry Inspection Autapsy			\	WHILE AT NOT	WHILE					
Certify that I held an Inquiry Inspection Autapsy X and that an this basis, death In my apinian resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED	22		m. \	VORK L AT W	ORK L					
ACTUAL SIGNATURE EXAMINER Werner U. Spitz M.D. ASSISTANT MEDICAL EXAMINER 6/21/67 ASSOCIATE MEDICAL EXAMINER 6/21/67 ASSOCIATE MEDICAL EXAMINER 6/21/67 ASSOCIATE MEDICAL EXAMINER 6/21/67 Burial 23C. Name of Cemetery or CREMATORY 23D. LOCATION (City, town, or county) (Stote) Burial 6/24/67 Mount Auburn Cemetery Baltimore, Maryland 24A. Date REC'D by HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS		ertify that I held an I	Inquiry	Inspection Aut	apsy X and	that an this basis, death In	my apinian			
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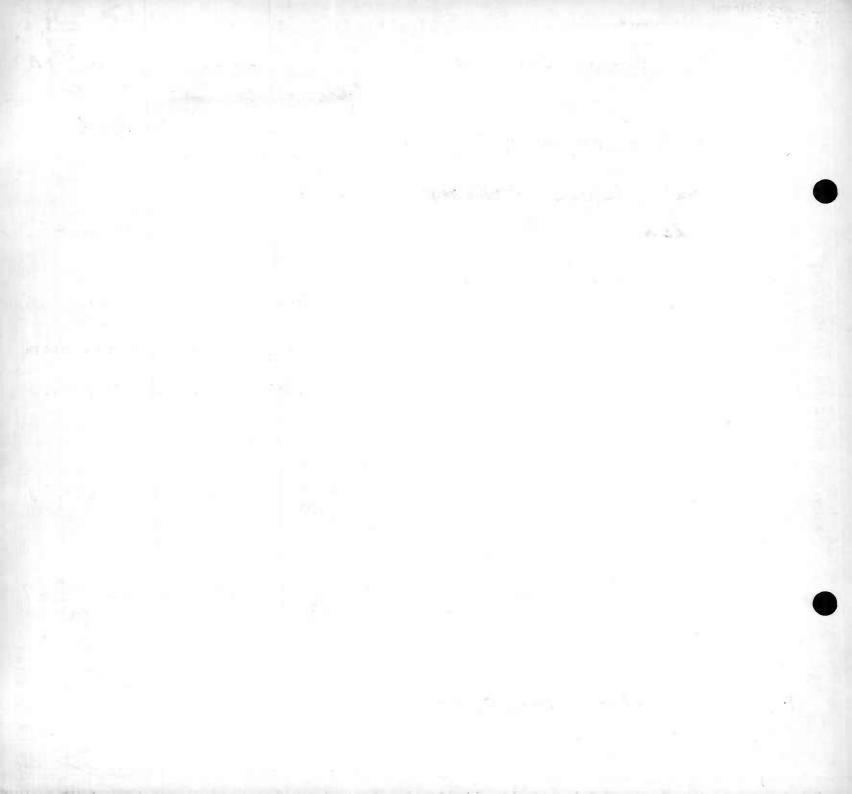
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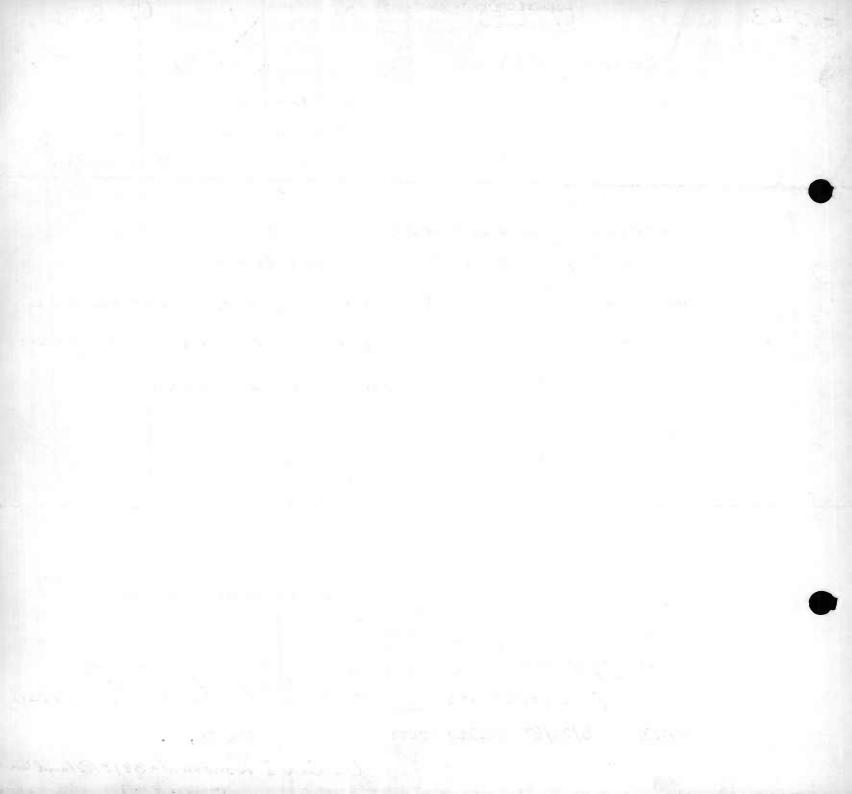
	9	SI BALTIMORE CITT	HEALTH DEPARTMENT		たり かれる
BIRTH NO. M.E. CASE NO.	67 60	CERTIFICA	TE OF DEATH	Registered Na	6051
1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BA	RIC JOHN	N.	4. USUAL RESIDENCE (Whe	LO - 67 re deceased lived. If insti	12 30/A
	not in hospital or institution, (dress or location)	give street	C. CITY OR TOWN (III OU	tside city limits, write RU	RAL and give township
Lutheran 1	Hospital of t	lany land	D. STREET ADDRESS (III) 639 N.	rurol give location)	aryland
Male Co.	loved Willows	NEVER MARRIED O, DIVORCED (specily) I GO WEO BUSINESS OR INDUSTRY	B. DATE OF BIRTH 3-11-1890 11. BIRTHPLACE (State or fore	77	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
done during most of working life, A POREIL 13. FATHER'S NAME	even if retired)	AN SMELTING CO	0/	City Co. VA	WHAT COUNTRY?
15. Was Deceased Ever in U (Yes, no or ynknown) (If yes, g	. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No 18. 420, C)I	212-10-1563 CAUSE O	Dr. N. ALAW H	ARRIS 331	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean	ONDITION DIRECTLY TO DEATH the mode of dying, e.g., etc. It means the disease,	(A) DUE TO	Pulmenary	em bol:	sudden death
injuly of complication ANTECED		(B)	Anteriosclero	tic heart disea	3 years.
	cause (A) stating the	(C)			
TO THE DEATH BU	CONDITIONS CONTRIBUTING	E	20 A. AUTOPSY? (Yes or No	a) 20R IF YES WEDE EIN	IDINGS CONSIDERED
ERTIF	WAS PERFORMED		No	IN CERTIFYING CAUS	ES OF DEATH?
OR CONTRIBUTING OF DEATH (notify medical e	CALLER OF	ne, form, loctory, street, o	or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exoct location)
-	, , , , , , , , , , , , , , , , , , , ,	INJURY OCCURRED ILLE At Not While At Work	21F. HOW DID INJ	IURY OCCUR?	0
that (I) (we) last saw	(this hospitol) attended to the deceased olive an	6-20	- 19 6 7 and th		on death accurred an the do
and haur and fram the 23A. SIGNATURE	e causes stoted above. (1)	ending Med. Director	Stoff Phys.	3B. DATE SIGNED 6 - 20 - 67
23C.PHYSICIAM'S NAME (Type) NGUYE	EN THI O		23D. ADDRESS Lutheran	Hospital o	f Maryland
24A. BURIAL CREMATION, REMOVAL (Specily) BURIAL 25A DATE REC'D BY HEAL	6/24/67 AR	AME OF CEMETERY OF CR	2 7 1. 1	ROUTUS B.	town, or county) (Stote)
25A. DATE 116 B 3 196	Tolente, E.	DF REGISTRAR	HERBERT E.	NUTTER 30	35 W. MORIA Au



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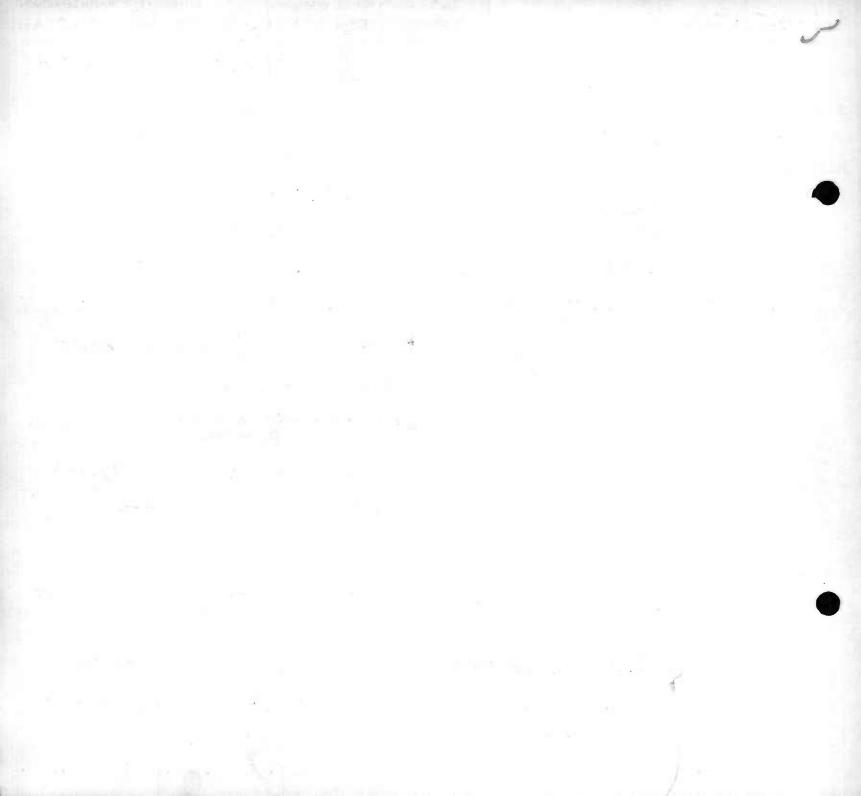


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		H NO.	07	6053	CERTIFICA	TE OF DEAT	H Registered N	o	0000	_		
th th ucl	1. N.	CASE NO.	ED			2. DA	TE AND HOUR OF DEA	TH		_		
on th	(Тур	e or Print)	KORT &	Luca	00		6-21-67	7	945	M.		
	3. P	3. PLACE OF DEATH IN BALTIMORE, MARYLAND				4. USUAL RESIDENCE	Where deceased lived. I	f institution; re	sidence before admissi	on)		
(5) D ance deat			(If not in hospital a		C. T.S.							
	H	ULL NAME OF OSPITAL OR	oddress or location)	0	C. CITY OR TOWN	(If outside city limits, wri	te RURAL and	give township)			
	1	NSTITUTION OF	with Back	t mare	Lenoxal	11 /2 ' _ '	,		13-00			
ľ	1		1			D. STREET ADDRESS	(If rural, give location)	0		-		
		. H	ospital.			6057	FALLS K	d.	21209	Þ		
	5. S	EX 6. I	RACE		NEVER MARRIED , DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years	If Under Months	1 Yr. If Under 24 F Doys Hours Min.			
	-	m.	ev.		M.	10-8-16	. 50					
			TION (Give kind of work king life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12, CITIZ	EN OF			
				FRAZAR	L BOARD	MAR	YLAND		. 5,			
		ATHER'S NAME		die territorie by	pu mar 67 16 6/	MAR. 14. MOTHER'S MAIDE	N NAME					
			Joseph	Fire 1	FRE	EMME	ABACKOR					
	15. V	Vas Deceased Eve	er in U. S. Armed Ford	es?	1 6. SOCIAL	17. INFORMANT			ADDRESS			
	(Yes	no or unknown) (If	yes, give wor or dote:	s of service)	SECURITY NO.							
		HO	NO.		ř,	CATHERINE	E ECKERT-	60577	FALLS Ad	¢		
		1B. 4	X		CAUSE O	r DEATH	A		ONSET AND DEATH			
racture of an pronounce pronounce gular attende embalmed or			OR CONDITION DIR ADING TO DEATH	ECTLY		orlie S	leusein		42 year	1		
		(This does not	meon the mode of	dying, e.g.,	DUE TO				······································			
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			TECEDENT CAUSES		(B) K60	unione/	rear cell	sek	0vv00000000000000000000000000000000000	*****		
Z P P P P P P P P P P P P P P P P P P P		DISEASES OR CONDITIONS, if any, giving								Į		
		ise la lhe above cause (A) slaling lhe (C) UNDERLYING CONDITION last.										
		ONDERETING C							***			
sic Wa	Z	OTHER SIGNIFIC	II ANT CONDITIONS C	ONTRIBUTING	D . 11	2 A	001					
	ATION	TO THE DEAT	TH BUT NOT RELANDITION CAUSING I	TED TO THE	Tossibl	1 Cleule	abolom	esq				
	F.		PERATION 198. CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WE	RE FINDINGS	CONSIDERED			
	CERTIFIC					NO		2403E3 OF E	recitt.			
		OF CONTRIBITION	WAS UNDERLYING CAUSE OF	hom	PLACE OF INJURY (e.g., in e, form, foctory, street, o	n or obout 21 C. WHERE I	DID (If in Boltin	more City, give	e exact location)			
here No pt befor	CA	DEATH (notify me	edical examiner)	etc.)								
	0		Nonth) (Day) (Year)		INJURY OCCURRED	21F. HOW DI	ID INJURY OCCUR?					
	>	(APPROX.)		Whi	le At Not While				PH			
I		22. I certify the	at (1) (this hospital) attended th	ne deceased fram	6 - 21 : 10:1	5AM967 10	6-21	9.45 1967	1		
			st saw the decease				and that in(my) (aur)	2	h accurred on the	ati		
		/) (We) (did) (did nat) v							
		23A. SIGNATURE	dir file cyuses stat	abave, (I	,e, (a.a, (a.a nat) (ount,	23 B, DAT	E SIGNED			
A. at a hospital d prior to death) approval must be	A D Allesdies - Med - Staff -								1/15			
1		1 Marie 1										
		NAME (Type	1	100		/ •	1.1.07	BAT	1 2/22			
		Vose	V. LO	1/25/	745 M.D.	1213 Lig	mu v.	palu.	mort 2123	0		
		REMOVAL (Spec	cify)		ME of CEMETERY or CR	EMATORY	24D. LOCATION	(City, town, o	r county) (State)		
		Burial	,		lar Grove		Balto Co, Mc	3.				
	25A	. DATE REC'D BY	HEALTH DEPT.	258. NAME C	OF REGISTAAR	25C, FUNERAL DIR		,	ADDRESS			
			UN 23 196/	Molred	C' ACRISERIM	Cluster	6. Donovas	V-381	8/Coland	don		
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	67 6	055 CE	RTIFICATI	E OF DEATH	× Registered Na.	04, 0000
AME OF DECE					-	
	MEVER	KELLMAN		JUNE	20. 1967	10:35 A.M.
LACE OF DEA	TH IN BALTIMORE," MA	RYCAND		STATE B. COU	ere deceased lived. If it NTY	nstitution: residence belare admission)
ULL NAME OF	F (If not in haspital	or institution, give street		MARYLAND		Balts
					utside city limits, write	KUKAL ond give rawnship)
TULT 1151	277711		1 4		Frural, give location)	
INAL HOS	SPITAL		į.	6003 UPDALE C	OURT	
EX	6. RACE			DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	WHITE	MARRIED			58	
		108. KIND OF BUSINESS	OR INDUSTRY 11.	BIRTHPLACE (State or for	eign cauntry)	12. CITIZEN OF WHAT COUNTRY?
		TAXI CAB		BALTIMORE.	MARYLAND	USA
FATHER'S NAM	NE .		14.	MOTHER'S MAIDEN'N	AME	
ARON J.	KELLMAN			RICA H. ROS	ENSTEIN	
Nas Deceased	Ever in U. S. Armed For			INFORMANT		ADDRESS
'ES	W.W. 11 AT	R FORCE 2/6-	03-9469	MRS. VALERIE	KELLMAN. 60	003 UPDALE COURT #7
1B. 420	01/1		CAUSE OF D	DEATH		INTERVAL BETWEEN
		RECTLY	M.v.		TUENNET	IN NONE
(This does no	at meon the made of		DUE TO	CARINAL	+NPARCI	1310 10 001
			0 D			
A	NTECEDENT CAUSES		(B) Ch K	GONIE WIL	ochroj7	27
		stating the	(C) (Lack	CORON ART	TARTIER	8 Months
	11				70770	
	FICANT CONDITIONS C			HUDFIET		7. years
DISEASE OR	CONDITION CAUSING	T				
J -			ERATION	PARTIAL	IN CERTIFYING CA	USES OF DEATH?
21 A ACCIDEN	TWAS UNDERLYING	21B. PLACE O	FINJURY (e.g., in or	obout 21 C. WHERE DID	(If in Boltimor	e City, give exoct location)
		etc.)	ocioty, sheet office	Sidg., INJORI OCCOR.	_	
	(Month) (Doy) (Year)	(Hour) 21 E INJURY	CCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		While At Work	Nat While At Work		-	
22. 1 certify	that (1) (f ilts hospita	l) attended the decea	sed fram Jul	-410	1946 to Du	ne 20 1967.
that (1) (we)	ast saw the decease	ed alive an Jun	e 13	19 6 7 and t	hat in (my) (our) api	inian death accurred an the date
23A. SIGNATU		0 1		_		23B. DATE SIGNED
Mel	lun n.	Brilen	M.D. Attendir	Med. Director	Stoff Phy s.	6/20/67
	N'S		- 23 D	- ADDRESS		
	DR. MELVIN	N. BORDEN	M.D.	5000 BALTIMO	RE NATIONAL	PIKE 21229
		24C. NAME of C	EMETERY OF CREMA	ATORY 24D.	LOCATION (C	ity, town, or county) (Stote)
BURIAL	6/21/6	7 BNAI IS	RAEL		BALTIMORE, M	
	6/21/67 BY HEALTH DEPT.	7 BNAT IS	RAEL,	25C. FUNERAL DIRECTO	R	ARYLAND ADDRESS ., 6010 REIST., RD.
	LACE OF DEA SULL NAME OF OF MAIL CILL NAME OF OF MAIL CAPPROX. CILL NAME OF OF MAIL CAPPROX. CAPPROX	CASE NO. AME OF DECEASED e ar Print) LACE OF DEATH IN BALTIMORE, MA CULL NAME OF ODDER ODD	H NO. CASE NO. AME OF DECEASED e or Print) LACE OF DEATH IN BALTIMORE, MARNIAND LACE OF DEATH ODDER LACE OF DEATH ON THE MILE OF BUSINESS LACE OF CONDITION DIRECTLY LEADING TO DEATH LEADING TO RELATED TO THE DEATH LEADING CONDITIONS CONTRIBUTING LOTHER SIGNIFICANT CONDITIONS L	HENO. CASE MO. AME OF DECEASED of Printl LACE OF DEATH IN BALTIMORE, MARNIAND LILL NAME OF OSPITAL OR OSPIT	AND DECEASED OF PRINTING LAGE OF DEATH IN BALTIMORE MANITAND ULL NAME OF (II not in hospitel or institution, give street oddress or location) OSTITUTION A. STATE A. USUAL RESIDENCE IVA. A. STATE A. USUAL RESIDENCE IVA. A. STATE A. STATE A. STATE A. USUAL RESIDENCE IVA. A. STATE A. STATE A. USUAL RESIDENCE IVA. A. STATE A. STATE	HING. 67 6055 CERTIFICATE OF DEATH Registered No. CASE NO. CASE NO. CERTIFICATE OF DEATH REGISTER REGISTER OF DECEASED OF THE NO. CERTIFICATE OF DEATH REGISTER REGISTER OF DEATH IN SALTIMORE MARKARD AND AND CONTRIBUTING DEATH IN SALTIMORE MARKARD AND COUPLING OF DEATH IN SALTIMORE MARKARD AND COUPLING OF DEATH IN SALTIMORE OF CONTRIBUTING DEATH COUNTY OF COUNTY IN SALTIMORE OF CONTRIBUTING DEATH COUNTY OF DEATH COUNTY



IMPORTANT

DIRECTOR:

FUNERAL

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BALTIMORE CITY HEALTH DEPARTMENT

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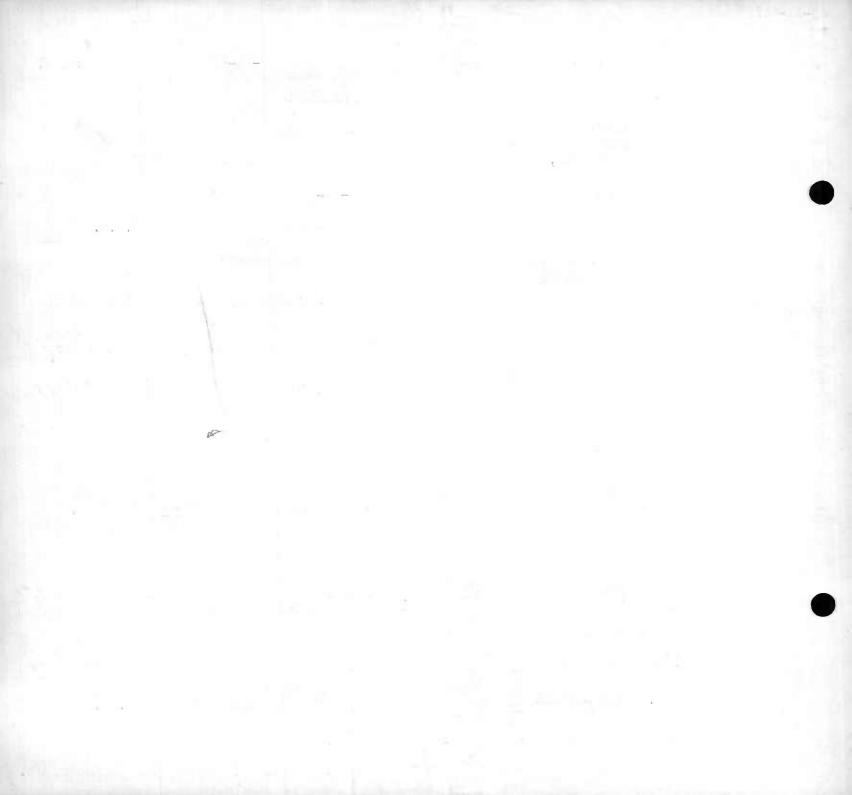
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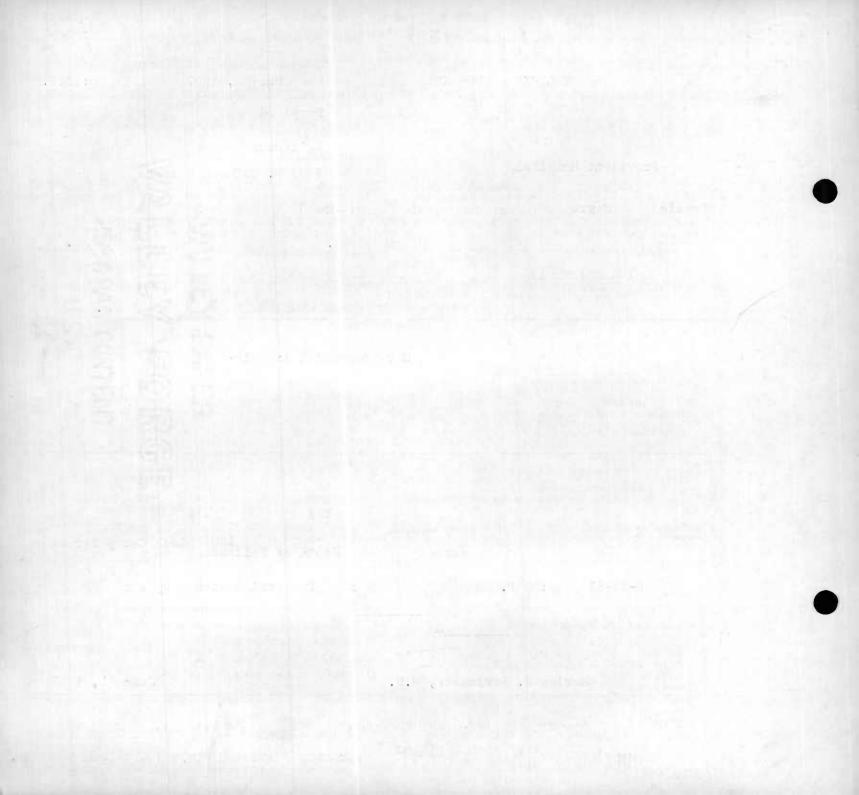
BIRTH NO. M.E. CASE NO.	67	6057		TE OF DEA		. 67 6057	
NAME OF DE				2.	DATE AND HOUR OF DEAT	ГН	
Type or Print)	Carol Je	an Russe	211		June 20, 1967	1:40 A	
PLACE OF DE	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDEN	ICE (Where deceased lived. II	f institution; residence before admission	
FULL NAME HDSPITAL OR			give street	11	olorado	te RURAL ond give township)	
INSTITUTION					Aulto		
	ic Health Ser		spital	D. STREET ADDRESS (If rurol, give location)			
	man Park Driv				46 E. First Str		
5. SEX	6. RACE	WIDOWED	never MARRIED , DIVORCED (specily) ingle	9/29/48	9. AGE (In years lost birthdoy) 18	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
done during most o	CUPATION (Give kind of work If working lite, even if retired) S Aide	10B, KIND OF	BUSINESS OR INDUSTRY		ote or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
3, FATHER'S NA				14. MOTHER'S MAI		ODA	
narc	old Russell			Shi	rley Martin		
Yes, no or unknow	d Ever in U. S. Armed For (n) (If yes, give wor or dote		SECURITY NO.	17. INFORMANT Rec	ords- US PHS Ho	ospital, Balto, Md.	
IIO			CAUSE O	E DEATH		INTERVAL BETWEEN	
DISEASES iise In 1 UNDERLYIN OTHER SIG	ANTECEDENT CAUSES OR CONDITIONS, if he above cause (A) NG CONDITION last. II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	any, giving slaling the ONTRIBUTING	Drond	diastener dreys, C myh k hopneur	hest wall an	-l	
O I JAY. DATE O	OF OPERATION 198 CON WAS PERI	FORMED	VHICH OPERATION	29A. AUTOPSY?	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner	21 B. hom etc.)	PLACE OF INJURY (e.g., i e, lorm, foctory, street, o	n or obout 21C. WHEI lfice bldg., INJURY O	RE DID (II in Boltin CCUR?	nore City, give exact location)	
21D. TIME OF INJURY (APPRDX)	(Month) (Doy) (Year)		INJURY OCCURRED le At Not Whi k At Work	le 🦳	DID INJURY OCCUR?		
that (1)/(we) lost sow the deceose	d olive on	June 20	19 67	ond that in (m/y) (our)	ine 20 19 67. apinian deoth accurred an the do	
	nd from the couses star	red opave. ()	(πe) (did) (σης /igh)	view the body afte	r death.	DATE SIGNED	
23A. SIGNAT	VALUE ()	187	[11/1.]	ending Med	. Stoff	238. DATE SIGNED	
	()aming	1102	Phy	ending Med Vs. Direct		6/20/67	
23 C. PHYSICI NAME Samue	(Type)	Surgeon	(R) M.D.	US PHS	Hospital, Balto	o, Md.	
24A. BURIAL CR		24C.NA	AME of CEMETERY of CR	EMATORY	24D. LOCATION	(City, town, or county) (State)	
REMOVAL	(Specify) 6/24/6	7 A11	1t Cemetery	Aug.	Ault, Color	ado	
Burial 25A. DATE REC	D BY HEALTH DEPT.		It Cemetery,	25C FLINERAL	DIRECTOR	ADDRESS	
	JUN 23 196/	Olabert	E. Willeman	120,401	Balto	H. 4107 Wilkens Ave 21229	
/S 150-REV. 1/1	/65						

Eggs E as ou se, 'ex-, etc., The state of the s ATTENDED AND ADDRESS OF THE PARTY OF THE PAR



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/ 11.	620

PLACE IN BALTI				2 DATE AND	HOUR PRONOUNCE	ED DEAD
PLACE IN BALTI	VAI	LERIE	MORRIS		21, 1967	6:35 P. _M
	MORE MARYLAND,	WHERE PRONOL	UNCED DEAD	4. USUAL RESIDENCE (Where of	leceased lived. If insti B. COU	itutian: residence before admissio
ILL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	UTION, GIVE STREET	Maryland c. CITY OR TOWN (If autside	carparate limits, write	RURAL and give township)
STITUTION	ADDRESS OR LOC	,A IION)				16-02
Dw	oudent Hear	oital		D. STREET ADDRESS (If rurol,		, 0
	ovident Hosp				alhoun Stre	
	6. RACE	WIDO WED,	DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	Manths Days Hours Min.
Female	Negro		married	10-2-61 RY 11. BIRTH PLACE (State or foreign	5	12. CITIZEN OF
	arking life, even if retired		r bositess or intoosii	Md.	Coonly	WHAT COUNTRY?
FATHER'S NAM	E			14. MOTHER'S MAIDEN NAME		0.0.1.
	Hohn Morr	ris		Mary Ball		
	OF EVER IN U.S. ARM E		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			none	John Morris	1116 Mos	sher St.
AI DISEASES O	at mean the made a casthenia, etc. It mean asthenia, etc. It mean plication which caused NTECEDENT CAUS DR CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAST	SES ANY, GIVING STATING THE	(B)	ebrocranial injur		
DISEASES C	INTECEDENT CAUSE OR CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAST II IIIFICANT CONDITION DEATH BUT NOT R	SES ANY, GIVING STATING THE T. IS CONTRIBUTII	(B) DUE TO (C)			
AIDISEASES CRISE TO THE UNDERLYIN OTHER SIGN TO THE IDISEASE OR	INTECEDENT CAUSE OR CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAST II IIIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSIN OPERATION 198. CO	SES ANY, GIVING STATING THE T. IS CONTRIBUTII SELATED TO T NG IT. INDITION FOR Y ERFORMED	(B)	20A. AUTOPSY? (Yes or No) Yes	ZOB, IF YES, WERE FIN	SES OF DEATH?
OTHER SIGN TO THE UNDERLYIN OTHER SIGN TO THE UNDERLYIN OTHER SIGN TO THE IDISEASE OR 19A. DATE OF 21A. EXTERNAE UNDERLYING CAUS	INTECEDENT CAUSE OR CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAST II IIIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSIN OPERATION	SES ANY, GIVING STATING THE T. IS CONTRIBUTII RELATED TO T NG IT. DINDITION FOR T ERFORMED 218. home etc.)	(B)	20A. AUTOPSY? (Yes or No) Yes , in ar about 21C. WHERE DID (I office bldg., INJURY OCCUR? South of Sm	208, IF YES, WERE FIN N CERTIFYING CAUS f in Boltimore City, gi 1000 Bloc ithson	SES OF DEATH?
AIDISEASES CRISE TO THE UNDERLYIN OTHER SIGN TO THE IDISEASE OR 19A. DATE OF 21A. EXTERNAL UNDERLYING UNDERLYING UNDERLYING UTING CAUS 21D TIME OF INJURY	II IIIFICANT CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAST II IIIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSIN OPERATION 198. CO WAS PE Y CAUSE WAS OR CONTRIB- SE OF DEATH. (Month) (Day) (Ye	SES ANY, GIVING STATING THE T. IS CONTRIBUTII RELATED TO T NG IT. DINDITION FOR T ERFORMED 218. home etc.)	OUE TO (B) DUE TO (C)	20A, AUTOPSY? (Yes or No) 2 Yes in or about 21C. WHERE DID (I office bldg, INJURY OCCUR? South of Sm 21F. HOW DID INJU	208, IF YES, WERE FIN N CERTIFYING CAUS f in Boltimore City, gi 1000 Bloc ithson	ve exact location) k Carey Street
OTHER SIGN TO THE IDISEASE OR TO THE IDISEASE OF INJURY (APPROX.)	II IIIFICANT CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAST II IIIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSIN OPERATION 198. CO WAS PE Y CAUSE WAS OR CONTRIB- SE OF DEATH. (Month) (Day) (Ye	SES ANY, GIVING STATING THE SCONTRIBUTII RELATED TO T NG IT. DINDITION FOR PERFORMED 218. home etc.) 4:30 Pen.	DUE TO (B) DUE TO (C)	20A. AUTOPSY? (Yes or No) Yes , in or about 21C, WHERE DID (I office bldg, INJURY OCCUR? South of Sm 21F. HOW DID INJU	208. IF YES, WERE FIND CERTIFYING CAUS If in Boltimore City, given the control of the control o	ses of Death? ve exact location) ck Carey Street by car
OTHER SIGN TO THE IDISEASE OR 19A. DATE OF UNDERLYING UNDERLYING UNING CAUS	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	SES ANY, GIVING STATING THE IS CONTRIBUTII RELATED TO T NG IT. PONDITION FOR T ERFORMED 21B. home etc.) 4:30 Pen.	WHICH OPERATION PLACE OF INJURY (e.g., form, factory, street, street the injury occurred while at a not work at a	20A, AUTOPSY? (Yes or No) Yes in or about 21C. WHERE DID (Injury OCCUR? South of Sm 21F. HOW DID INJU WHILE X Pedestri	208. IF YES, WERE FIR IN CERTIFYING CAUS f in Boltimore City, gi 1000 Bloc ithson RY Occur?	ve exact location) k Carey Street yy car my apinion
OTHER SIGN TO THE IDISEASE OR TO THE IDISEASE OF INJURY (APPROX.)	INTECEDENT CAUSE OR CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAST II IIIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSIN OPERATION 198. CO WAS PE Y CAUSE WAS OR CONTRIB- SE OF DEATH. (Manth) (Day) (Ye 5-21-67 Ify that I held an ed fram: Natural c	SES ANY, GIVING STATING THE IS CONTRIBUTII RELATED TO T NG IT. PONDITION FOR T ERFORMED 21B. home etc.) 4:30 Pen.	DUE TO (B) DUE TO (C) NG THE WHICH OPERATION PLACE OF INJURY (e.g., form, factory, street, street, street, street, at living occurred with the line of the li	20A, AUTOPSY? (Yes or No) Yes in or about 21C, WHERE DID (Injury Occur? South of Sm 21F, HOW DID INJU WHILE X Pedestri	20B. IF YES, WERE FIR IN CERTIFYING CAUS I in Boltimore City, given the control of the control	ve exact location) k Carey Street by car my apinion
OTHER SIGN TO THE I DISEASE OR TO THE I DISEASE OF INJURY (APPROX.) 21D TIME OF INJURY (APPROX.) 22. I certification of the I disease of	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	SES ANY, GIVING STATING THE IS CONTRIBUTII RELATED TO T NG IT. PONDITION FOR T ERFORMED 21B. home etc.) 4:30 Pen. Inquiry	DUE TO (B) DUE TO (C) NG THE WHICH OPERATION PLACE OF INJURY (e.g., form, factory, street, street, street, street, at living occurred with the line of the li	20A, AUTOPSY? (Yes or No) Yes in or about 21C, WHERE DID (Injury Occurs? South of Sm 21F, HOW DID INJU WHILE X Pedestri utapsy X and that on this de Hamicide U CHIEF MEDICAL EX.	208. IF YES, WERE FILEN CERTIFYING CAUS f in Boltimore City, gi 1000 Bloc ithson RY OCCUR? an struck b s bosis, death in m ndetermined manne AMINER AMINER	ive exact location) ik Carey Street by car my apinion er
OTHER SIGN TO THE UNDERLYIN OTHER SIGN TO THE UDISEASE OR 19A. DATE OF 21A. EXTERNAL UNDERLYING UNING CAUS 21D TIME OF INJURY (APPROX.) 22. I certification CAUSLING CAUSL	INTECEDENT CAUSE OR CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAST II IIIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSIN OPERATION OPERATION IPR. CO WAS PE CONTRIB- SE OF DEATH. (Month) (Day) (Ye ST Ify that I held an ed fram: Natural c URE ER'S Charle Type) MATION, 238. DATE	SES ANY, GIVING STATING THE IT. SES CONTRIBUTII SECONTRIBUTII SELATED TO THE IT. SERFORMED 218. home etc., Inquiry Inqui	WHICH OPERATION PLACE OF INJURY (e.g., form, factory, sheet, Street PLE: INJURY OCCURRED WHILE AT NOT AT NOR ACCIDENT X SUICE	20A. AUTOPSY? (Yes or No) Yes , in or about 21C. WHERE DID (Injury occur? South of Sm 21F. How DID INJU WORK Pedestri utapsy X and that on this de Hamicide U CHIEF MEDICAL EX ASSOCIATE MEDICAL EX	208. IF YES, WERE FILEN CERTIFYING CAUS f in Bollimore City, gi 1000 Bloc ithson RY OCCUR? an struck b s bosis, death in m ndetermined manne AMINER AMINER AMINER	ve exact location) ck Carey Street by car my apinion er DATE SIGNED



BALTIMORE CITY HEALTH DEPARTMENT

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hospital

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DIRECTOR:

FUNERAL

to the hospital

VS 150-REV. 1/1/65

cause

PATRA CREAMBL LOSSON

21 month

IMPORTANT

DIRECTOR:

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VS 150-REV. 1/1/65

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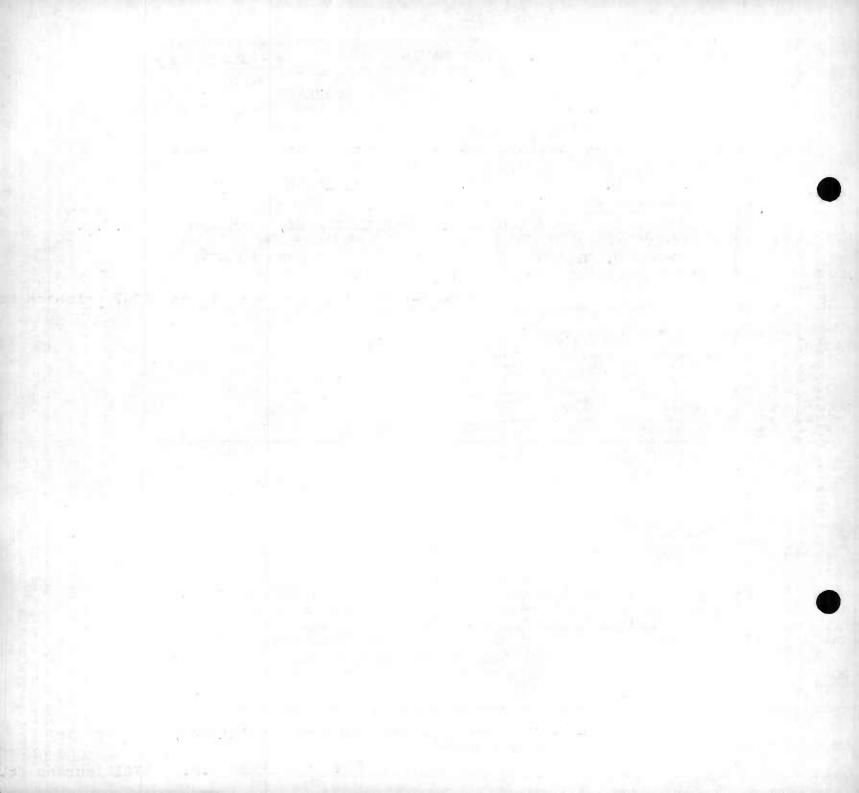
1 67 6062 BALTIMORE CITY HEALTH DEPARTMENT 67 6062

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 6062

1. NAME OF DE				2. DATE AND HOUR PRONOUNCED DEA	
(Type or Print)	HAZ	EL LANIER		June 21, 1967	2:55 P.
		VHERE PRONOUNCED DEAD	4. USUAL RESID	Maryland B. COUNTY	residence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TO	WN (If outside corporate limits, write RURA Baltimore	L and give township)
0	815 Bethune	Road	D. STREET ADD	RESS (If iurol, give locotion)	
5. SEX	6. RACE	7 AAARRIED NEVER AAARRIED	8. DATE OF BIRT	815 Bethune Road	nder 1 Yr. If Under 24 Hrs
Female	Negro	MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	10-22-1	L923 lost birthdoy Mont	hs Days Hours Min.
done during most a	CUPATION (Give kind of wo f working life, even if retired) 5-1 C	rk 10B. KIND OF BUSINESS OR INDUST	Moruan		TIZEN OF THAT COUNTRY?
13. FATHER'S NA	ME 1 M	o re	14. MOTHER'S M	Bradley	
	SED EVER IN U.S. ARME		17. INFORMANT	HAAR 2747	Hagle - Dig
18.	- / /	CAU	SE OF DEATH	17 1(001C 5/06	INTERVAL BETWEEN
Dice	D / L	AREATI V	1		ONSET AND DEATH
DISE	ASE OR CONDITION D	H	Intracerel	oral hemorrhage	
heort foilui	not meon the mode a re, osthenio, etc. It meon complication which caused	s the discose,		gin in left thalamus)	
	ANTECEDENT CAUSI				
DISEASES	OR CONDITIONS, IF	ANY, GIVING (B)	**************************************		
RISE TO T	THE ABOVE CAUSE (A) STING CONDITION LAST.	STATING THE			
Z		(C)	0.4000		
O THE	II GNIFICANT CONDITIONS DEATH BUT NOT RI OR CONDITION CAUSIN	ELATED TO THE			
19A. DATE C	F OPERATION 198, COL	NDITION FOR WHICH OPERATION REFORMED	20A. AUTOPSY Yes	? (Yes or No) 208. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	
21 A. EXTERN UNDERLYING UTING CA	AL CAUSE WAS DOR CONTRIB- USE OF DEATH.	21B. PLACE OF INJURY (e.g home, form, foctory, street, etc.)	. in or about 21C. V	VHERE DID (If in Boltimore City, give exact	ct location)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yes	WHILE AT NO	T WHILE WORK	OM DID INJURY OCCUR?	
22. I ce	ertify that I held an		[d that an this basis, death in my apir	nian
ros	ulted fram: Natural co	Accident Suic	ide Hamici	de Undetermined manner	
ACTU	TURE MAY	le I d'inter	D. ASSISTANT M	EDICAL EXAMINER	DATE SIGNED
EXAM	(Type) Charl	les S. Springate, M.	D. ASSOCIATE M	EDICAL EXAMINER	June 22, 1967
23A. BURIAL CE REMOVAL (Spec BUE 1 A	ify)		burn En	23D. LOCATION (City, town,	rd.
24A. DATE REC'	JUN 23 1967	Robert E. Farkert	24C. FUNER	AL DIRECTOR	ADDRESS
VS 151-REV. 1/			11000		OI MAURENS

Burnel Cate of House Remon and Tarte

٦.	LE CASE NO. NAME OF DEC						HOUR OF DEATH		
				SON DAVIS		6 -	22 - 6	7	
3.	FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or location) INSTITUTION				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissing A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE				
5	0				D. STREET ADDR		urol, give location)		
	J	3047 Brig					n Street		
	F.	N.	WISEYS	NEVER MARRIED O DIVORCED (specify)	8. DATE OF BIRTH	25	ost birthdoy) 42	If Under 1 Yr. Months Doys	
		JPATION (Give kind of work working life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE ((State or foreig	n Country)	12. CITIZEN O	F DUNTRY?
	COOK		DOUB	LE T. DINER				U.S.	A.
13	FATHER'S NAM				14. MOTHER'S M				
-		D H. WILSON				LENA P	PULLIAM		
15 (Y	. Wos Deceased es, no or unknown	(If yes, give wor or dotes	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADD	
				220-14-656		earlen	na Wilson	3047 E	Brighto
	18.			CAUSE O	F DEATH			INTER	VAL BETWEEN T AND DEATH
		E OR CONDITION DIR	ECTLY		1 11	ap	100		
ŀ	(This does n	ol mean the mode of		DUE TO		· · · · · · · · · · · · · · · · · · ·			
	injury or com	asthenia, etc. It means plication which coused	deoth.)	- 15	Connect	, 110	The	-21	
		ANTECEDENT CAUSES		(B)					
		R CONDITIONS, if							
		obove couse (A) CONDITION last.	stating the	(C)	2 2 1011-01 10 10 10 10 10 10 10 10 10 10 10 10 1	•	***********************		
		II							
ATION	OTHER SIGNI	FICANT CONDITIONS CO							
L A C	DISEASE OR	CONDITION CAUSING IT OPERATION 198. CON		WHICH OPERATION	20A. ALITOPSY	Y? (Yes or No)	20B. IF YES, WERE	FINDINGS CON	SIDERED
CEPTIEIC	Ö	WAS PERF					IN CERTIFYING CA	USES OF DEATH	1?
2	21 A. ACCIDEN	T WAS UNDERLYING THE	218	B. PLACE OF INJURY (e.g., i	or about 21 C. WH	HERE DID	(If in Boltimor	e City, give exoc	ot location)
I V	DEATH (notify	medical examiner	etc.		ince mag., INJUKT	OCCUR:			
AAEDIC		(Month) (Doy) (Year)	(Hour) 21 E	. INJURY OCCURRED	21 F. HO	DINI DID WO	JRY OCCUR?		
AA	(APPROX.)		Wi	nile At Not Whi	e				
	22, 1 certify	that (1) (this haspital)) attended t	the deceased from	Time 1	/6 19	9 8 7 to tu	402 2-2	19.6
	that (I) (we)	last saw the decease	d alive an	fue 22,	1967	and the	it In(my) (our) api	nion death ac	curred on the
				I) (We) (did) (did not)			•		
	23A. SIGNATU			7				23B. DATE SIG	NED
		7740	ec	M.D. Att	s. M Di	led. S	Stoff Phy s.	6-2	,2 -6
	23C. PHYSICIA NAME (T	and the same of th	EUDY	(. 171) M.D.	54 9	7 N.	Fullow	Core	
24	A. BURIAL CRE		24C. N	AME of CEMETERY OF CR	MATORY	24D. LO	CATION (C	ity, town, or cour	nty) (Sto
	BURIAL		7 M	ount Auburn	Cemeter	у Ва	ltimore,	Man	ryland
25		BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL				DDRESS
		JUN 231967	Robert	5 E. Jankenta	MORTON	& DYE	TT F H	1701 1	Laurens
VS	150-REV. 1/1/			7	0 1)	1101	-AUL CIT



BIRTH NO. 67 6064	CERTIFICATE OF DEATH	Registered No. 67 6064
M.E. CASE NO. 1. NAME OF DECEASED		ND HOUR OF DEATH
(Type or Print) G-RUSS, ROBE	k T 6/2	1/15 141/5 1
3. PLACE OF DEATH IN BALTIMORE MARYLAND		Pere deceased lived. Il institution; residence before add
		NTY
FULL NAME OF (If not in hospital or institution, give oddress or location)		outside city limits, write RURAL and give township)
INSTITUTION	C. CITI OK TOWN (II' 6	uisiae city limits, write KUKAL and give township)
THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (I	I rurol, give location)
5. SEX 6. RACE 7. MARRIED, NE	YER MARRIED B. DATE OF BIRTH	7 STREET 9. AGE (In years If Under 1 Yr. , II Under
WIDOWED, D	VORCED (specify) TED 4-1-12	last birthday) 3 5 Months Doys Hours
		7.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU done during most of working life, even il retired)		WHAT COUNTRY?
Driver Cab C	moany St. Michaels	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME
	CUCAN DUT	TI ED
RICHARD GROSS	SUSAN BUT	ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	
2/	2-07-2855 Mrs. EdiTh Si	Kinner 1915 N. PAYSUR
18.	CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY		ONSET AND DE
LEADING TO DEATH	(A) Metastatic (a Easphage 6 mo
(This daes not meon the made of dying, e.g., heart foilure, asthenia, etc. 11 means the discose,	DUE TO	
injury or complication which coused death.)		4
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, if ony, giving	DUE TO	
rise to the above cause (A) stating the	(C)	
UNDERLYING CONDITION lost.		
- 11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Nor	
DISEASE OR CONDITION CAUSING IT.		
199. Date of OPERATION 198. CONDITION FOR WHITE	CH OPERATION 20 A. AUTOPSY? (Yes or N	NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5/31/6 2 (a Easypho	YES	
OR CONTRIBUTING CAUSE OF	CÉ OF INJURY (e.g., in or about 21 C. WHERE DID orm, lactory, street, olfice bldg., INJURY OCCUR?	(It in Boltimore City, give exact locotion)
DEATH (notify medical exominer) etc.)		
21D. TIME (Month) (Day) (Yeor) (Haurl 21E, IN. OF INJURY While A	URY OCCURRED 21F. HOW DID IN	IJURY OCCUR?
(APPROX.) While A	Nat While At Work	
22. I certify that (1) (this bospital) attended the c		1967 to 6/2 19
	2 /	(
that (1) (we) last saw the deceased alive an		that in(my) (aur) opinian death accurred an
and haur and fram the causes stated above. (1) (V	a) (did) (did nat) view the body after death	•
23A. SIGNATURE	A	23B. DATE SIGNED
1/1/elven 41.22	M.D. Attending Med. Director	Staff Phys. 6/7/1/67
23C. PHYSICIAN'S	23D. ADDRESS	10/01
NAME (Type)	M.D. JOHNS HOPKI	NS HOSDITAL
MARCHANIAN H. ET-STELL		NS HOSPUTAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specily)	OI CEMETERY OF CREMATORY	LOCATION (City, town, or county)
KURIAL 5-26-67 DA	Ito. National Com. +	alto.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	25C. FUNERAL DIRECTO	DR ADDRESS
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF B	Jansey Harton E.	Dyett +H Mul Louis
MOLLE A SEC. MARKET ST.		11/1/1/

Letter & Egylaff Children

BIRTI	н но. 67 6065		TE OF DEATH	Registered No.	67 6065
1. N	CASE NO.	17		D HOUR OF DEATH	
• •	e or Print) CATKIE B	16 HAM		6/21/67	1 7 p. n
. Pi	LACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	re decleased lived. It institu	utian: residence before odmissian
	ULL NAME OF (II not in hospital or instituti OSPITAL OR oddress or location)	an, give street	C. CITY OR TOWN (If out	side city/limits, write RUR	2-ST MARY IAN
11	NSTITUTION	. / /	RA	Lti MOR	
)	1943 W Payette St.	BALtonad.	D. STREET ADDRESS (II	rural, give location)	
		2120	1943-1	N. fayeH.	e 5}
• SI		SED, NEVER MARRIED WED, DIVORCED (specify)		9. AGE (In years I lost birthday)	f Under 1 Yr. If Under 24 Hrs lanths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	2. CITIZEN OF WHAT COUNTRY?
1	during most of working life, even if relired)		Cano Chas	low 2/a	ILS A
-	ATHERS NAME		14. MOTHER'S MAIDEN NA	ME COL	0010111
			1		
	Vas Deceased Ever in U. S. Armed Farces? ,na or unknawn)(If yes, give wor or doles of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		212-26-6	193 mrs. M. E	Ellis - 194	3 W. Fayette S
	184.2001	CAUSE, C	DE DEATH		INTERVAL METWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	As-	to pelo to	Mes mores	
	(This daes nat mean the mode of dying, heart tailure, asthenia, etc. It means the dise		the Wast Rl		
	injury or complication which caused death.)	C	TOO TO NO	of he lead	at lent 2 ms
	ANTECEDENT CAUSES	DUE TO) and fire	y June	9
	DISEASES OR CONDITIONS, il any, giv rise lo lhe obove couse (A) stating				
	UNDERLYING CONDITION last.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO				
E A I	DISEASE OR CONDITION CAUSING IT.		20A ALIZOBEY2 (Vos. cr. No.	OR IE VEC WERE EIN	DINGS CONSIDERED
CERTIFIC	WAS PERFORMED	OR WHICH OFERATION	20 A. AUTOPSY? (Yes at No	IN CERTIFYING CAUSI	S OF DEATH?
- 1	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, lorm, lactory, street,	in or obout 21 C. WHERE DID	(If in Baltimore C	ily, give exact location)
CAL	DEATH (notily medical examiner)	etc.)	mice sings, invioki occor.		
ō	21D. TIME (Manth) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX)	While At Not Whi			1/
	22. I certify that (1) (this haspital) attende	ed the deceased fram	1 4/12	19 67 to	6/2/ 19 61
	that (1) (we) last saw the deceased alive	an	1967 and th	ot in(my) (our) apinia	n death occurred on the da
- 1	and haur and from the causes stated abav	(1) (We) (did) (did not)	view the bady after death.		
	23A. SIGNATURE	M.D. Att	tending Med.	Stoll 23	B. DATE SIGNED
	23C, PHYSICIAN'S	Les Ph		Phys.	0-22-6
	NAME (Type) /F/, TALL	AU AID The M.D.	ZLICO Deca	-110 ano. 15	Ot non 11
24A	BURIAL CREMATION, 24B, DATE 24	MY NUEKS	REMATORY 24D. L	OCATION (City,	town, or county) (State)
1	REMOVAL (Specily)		Cemetar 1.	Jan at-	2/0.
25A	DUTUAL 25B. NAA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	o charles	ADDRESS T
	JUN 23 1967 R. C.	5 8. Farbura	I S. R.	no	2 n. Carrolleton To
/E 1	150-REV. 1/1/65		1.6)	

F Colon Wichard 12-19-1895 71 Cape Charles 21a 11.5 -6 million

2.2.21 LB Man M. Celler 1993 W. - 2.

JANUAR .

Placement Shader Complete Dobrander Sice

67 6066

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 67 6066

1. NAME OF DEC (Type or Print)	- A AFE					
					HOUR PRONOUNCE	
CECIL		J.	DUDLEY		20, 1967	4:10 P. M.
FULL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA			Maryland	B. COU	
HOSPITAL OR	ADDRESS OR LOCA	(TION)		C. CITY OR TOWN (If autside	carparate limits, write	KUKAL and give township)
				Baltimore		1-0
1723 8	St. Paul Stre	et		D. STREET ADDRESS (If rural,		
				1723 St. Paul		
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Male	White	Divor		Sept. 19, 1910	55 XXX	
IOA. USUAL OCCU	PATION (Give kind of work rarking life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Painter	drking life, even it refired)			Virginia		U.S.A.
3. FATHER'S NAM	E			14. MOTHER'S MAIDEN NAME		0.0.11.
Edwa	rd Dudley			Doicey	Jewell	
15. WAS DECEASED	EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	Jewell	ADDRESS
Yes, no ar unknawn)	W.W.II	s of service)	226-01-8752	Clifford Dudley	1927 Jeffe:	rson Dr. Alexandr
1B. M. 9 9	1.		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
RISE TO THE	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST		DUE TO			
UNDERLYIN	G CONDITION LAST. II IIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO 1				
OTHER SIGN TO THE I DISEASE OR	II IIFICANT CONDITIONS	LATED TO 1 G IT.		4.7	20B. IF YES, WERE FIN N CERTIFYING CAUS	
UN DERLYIN OTHER SIGN TO THE ID DISEASE OR 19A. DATE OF 21A. EXTERNAL	II III IIII NOT REI CONDITION CAUSING OPERATION 19B. CON WAS PER CAUSE WAS	LATED TO 1 G IT. IDITION FOR FORMED	WHICH OPERATION PLACE OF INJURY (e.g.,	No		ES OF DEATH?
OTHER SIGN TO THE I DISEASE OR 19A. DATE OF UNDERLYING UNDERLYING	II III IIII NOT REI CONDITION CAUSING OPERATION 19B. CON WAS PER CAUSE WAS	LATED TO 1 3 IT. IDITION FOR FORMED 21 B. hame etc.)	PLACE OF INJURY (e.g., c., farm, factory, street, c	NO	IN CERTIFYING CAUS	ES OF DEATH?
OTHER SIGN TO THE IDISEASE OR 19A. DATE OF UTING CAUS UTING CAUS 22.	II IIFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING OPERATION 198, CON WAS PER CAUSE WAS OR CONTRIB- SE OF DEATH.	LATED TO 16 IT. SIT. IDITION FOR FORMED 21 B. hame etc	PLACE OF INJURY (e.g., c., farm, factory, street, c.) PLE, INJURY OCCURRED WHILE AT NOT WORK	NO in ar about 21C. WHERE DID thice bidg., INJURY OCCUR? 21F. HOW DID INJU	IN CERTIFYING CAUS	re exact location)
OTHER SIGN TO THE IDISEASE OR 19A. DATE OF UNDERLYING UNDERLYING CAUS OF INJURY (APPROX.)	II IIIIII NOT REI IIIII NOT REI IIII NOT REI III NOT	LATED TO TO STATE TO THE STATE	PLACE OF INJURY (e.g., c., form, factory, street, c.) PLE, INJURY OCCURRED WHILE AT NOT WORK AT W	NO in ar about 21C. WHERE DID iffice bidg., INJURY OCCUR? 21F. HOW DID INJU WHILE ORK apsy and that an this	IN CERTIFYING CAUS	ve exact location)
OTHER SIGN TO THE IDISEASE OR 19A. DATE OF UNDERLYING UNDERLYING CAUS OF INJURY (APPROX.)	II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	LATED TO TO STATE TO THE STATE	PLACE OF INJURY (e.g., or form, factory, street, or the injury occurred while AT WORK AT W	NO in ar about 21C. WHERE DID iffice bidg., INJURY OCCUR? 21F. HOW DID INJU WHILE ORK apsy and that an this	IN CERTIFYING CAUS If in Baltimare City, give RY OCCUR? Is basis, death in mendetermined manner	e exact locotion) by apinian
OTHER SIGN TO THE IDISEASE OR 19A. DATE OF 21A. EXTERNAL UNDERLYING UTING CAUS 21D TIME OF INJURY (APPROX.) 22. I certi	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	LATED TO TO STATE TO THE STATE	PLACE OF INJURY (e.g., or form, factory, street, or the injury occurred while AT WORK AT W	NO in at about 21C, WHERE DID office bidg, INJURY OCCUR? 21F. HOW DID INJU WHILE ORK apsy and that an this CHIEF MEDICAL EX ASSISTANT MEDICAL EX	Fin Baltimare City, give RY OCCUR? Subasis, death in mandetermined manner AMINER	e exact locotion) by apinian DATE SIGNED
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OTHER SIGN TO THE IDISEASE OR 19A. DATE OF INJURY (APPROX.) 21D TIME OF INJURY (APPROX.) 22. I certification of the control of the c	II III IIIIII NOT REI CONDITION CAUSING OPERATION 198. CON WAS PER CAUSE WAS OR CONTRIB- SE OF DEATH. (Month) (Day) (Year Ify that I held an lited from: Natural causing ER'S Type) MATION, 238. DATE 6/23/6	ILATED TO TO STATE TO THE STATE	PLACE OF INJURY (e.g., form, factory, street, or form, factory,	NO in ar about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJU WHILE ORK apsy and that an this e HamicIde U CHIEF MEDICAL EX ASSISTANT MEDICAL EX	Fin Baltimare City, given RY OCCUR? Subasis, death in mandetermined manner AMINER AMINER AMINER CIty, Gity, CCATION (City,	e exact locotion) by apinian DATE SIGNED 6/21/67

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DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT

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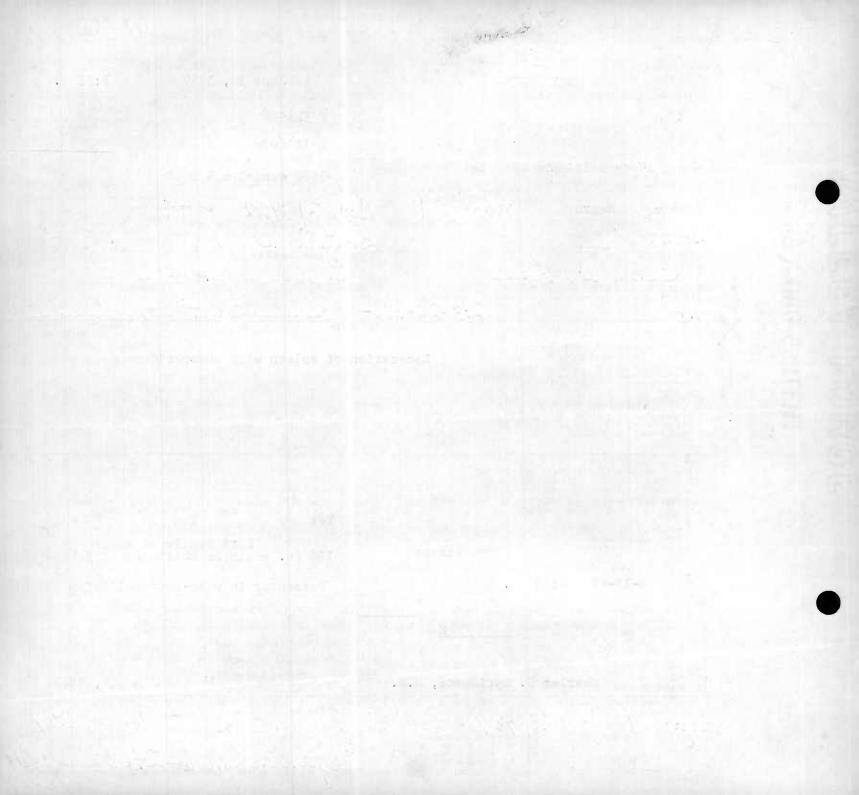
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No

216-03-7283

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67 6070 BALTIMORE CITY HEAL	TH DEPARTMENT 67 CONO
BIRTH NO. MEDICAL EXAMINER'S CE	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) MADSZ ZZITEGIE	2. DATE AND HOUR PRONOUNCED DEAD
MARY KUICH	June 18, 1967 7:55 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
3	Baltimore
South Baltimore Hospital	D. STREET ADDRESS (If rurol, give locotion)
	1650 Bentalou Street
Female Negro 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Ballemore, Md 4. S. H.
13. FATHER'S NAME	TA. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	94 Han B-Al- 9317 (14 16)
118. = 0.1/4 CAUSE	OF DEATH INTERVAL BETWEEN
CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH TAGORA	tion of onloop with homonomitons.
(This does not meon the mode of dying e.g., DUF TO	tion of spleen with hemoperitoneum
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
A DE LA CONTRACTOR DE L	
III	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	·
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Yes Yes
O UNDERLYING OR CONTRIB- home, form, foctory, street, o	in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) ffice bldg, NJURY OCCUR? Fort Smallwood Road
UTING CAUSE OF DEATH. etc.) street	150 ft. south of Baltimore City Line
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) 6-18-67 4:43 A. WHILE AT NOT W	WHILE X Passenger in auto-auto collision
22.	opsy X and that on this basis, death in my opinion
resulted from: Notural couses Accident X Suicide	
Costiled Hollis Rolling Cooses Accident A Solicide	CHIEF MEDICAL EVAMINED
ACTUAL / //	- DATE SIGNED
	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER June 18, 1967
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY O	CREMATORY 23D LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	mine theting - Both in Mil
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
	12/ 8 A 1 9210 V-11K
JUN 23 1967 Robert 2, Farbuna	Calgara . Lynch - 2463 When Hel
VS 151-REV. 1/1/65	0000 Clne-N



1.	E CASE NO. NAME OF DECEASED POPE OF PRINT HERRY MARY	2. DATE AND HOUR OF DEATH
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	A. USUAL RESIDENCE (Where deceosed lived, If institution; residence before adm A. STATE B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	UNIVERSITY HOSPITAL	D. STREET ADDRESS (If rurol, give locotion)
	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) A. USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUSTRY	B. DATE OF BIRTH 9. AGE (In years tost birthday) 11. RIPTHPLACE (Staff or foreign country)
do	ne during most of working life, even if relired to the state of the st	11. BIRTHPLACE (Stock or foreign country) 12. CITIZEN OF WHAT COUNTRY? CAROLINA 14. MOTHER'S MAIDEN NAME
	lu Know	
(Ye	Was Deceased Ever in U. S. Armed Forces? ss, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		RINIC RENAL FAILURE CONSTRANCE
	heart failure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (B) DUE TO	TCVD 10+yea
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) starting the UNDERLYING CONDITION last.	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	VTESTINAL HEMMORHAGE A'B
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? In or obout 21C. WHERE DID (If in Boltimore City, give exact location)
IA	OR CONTRIBUTING CAUSE OF home, form, foctory, street, or etc.)	
MEDI	Work At Work	
	22. I certify that (I) (this hospital) attended the deceased from	
	23A. SIGNATURE	ending Med, Stoff
	NAME (Type) M.D.	CNIV. HOSP, BALTMY
	A. BURIAL CREMATION, 248, DATE / 24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county)
24	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTIAN 25B. NAME OF R	eurn Baltimore Mg

BALTIMORE CITY HEALTH DEPARTMENT



1	1	1	7	1	
7.	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	pest	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
	of de	Decec	e on	ıth. s	
	hosp	; (5)	danc	dea	
	in a	anse	atten	or to	(
	urred	ned	Jar	d b	ade.
	Contr	term	regu	edse	n is m
	death	Unde	as in	e de	sition
Ä	nt if	1; (4)	rh w	n th	dispo
RTA	ssista	' kind	dea	nce o	final
APO	his a	of any	nced	enda	o pe
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FUNERAL DIRECTOR: IMPORTANT	mine	frac	ho p	egulo	emb
IREC	al exc	(3) A	an w	<u>.</u>	ns are
AL D	nedical adical	urns;	ysici	Was	email
VER/	a me	ody b	ne ph	siciar	the r
5	the ch	(2) B	ere t	phy	fore
	by t	ture;	t whe	9 No	ed be
	he ho	ny na	xcep) pur	btain
*	e app	of ar	ral (e	th);	be o
	ust b	ident	nospi	dea	musi
	ate m	n acc	ata	ior to	roval
	rtifice	(I) A	O.A.	ed pr	ddp u
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	as D.	ceas	written approval must be obtained before the remains are embalmed or final disposition is made.
	분수	Sh	3	de	3

BIRTH NO.		6073 BALTIMORE CITY			6/ 61177
			TE OF DEATH	Registered Na	. 07 0073
M.E. CASE NO.	ASED		2 DATE AN	D HOUR OF CEAT	у
Type or Print)			2.04.2		1-7- A-1
PLACE OF OFA	Helen	Harvey	TA HEHAL BESIDENCE (WIA	1 2 4	6/2/71
. PLACE OF CEA	TH IN BACTIMORE, MA	RICAND	A. STATE B. COUN	TY	institution: residence before admis
FULL NAME O	F (If not in hospital	or institution, give street	Maryland	Baltimo	re
HOSPITAL OR	oddress or location)	C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
			Baltimor e		1201
()			D. STREET ADDRESS (If	rurol, give location)	
Long	Green Nurs	ing Home	116 West Un	iversity P	arkwav
	6. RACE			9. AGE (In years	If Under 1 Ve If Hader 24
		WIDOWED, DIVORCED (specify)	1895	lost birthdoy)	Months Doys Hours Mi
Female	White	Widowed	7-13-2	71	
	IPATION (Give kind of work vorking life, even if retired)	108. KIND OF BUSINESS OR INOUSTRY	1). BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Housewi			Baltimore		USA
FATHER'S NAM			14. MOTHER'S MAIDEN NA	ME	ODM
George (C.Buckless		Anna A.Kaise	er	
. Was Deceased	Ever in U. S. Armed Fore	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO		NONE	Ellis A Newton	n - Charle	s & 29th Street
18. / / =	en la	CAUSE OI		II - CHALLE	INTERVAL BETWEEN
100	3 6		DEATH		ONSET AND DEATH
	E OR CONDITION DIR LEADING TO DEATH		Terro		atedia
	al mean the made of	dying, e.g., DUE TO	melester	2	CV COLOR
	asthenia, etc. Il meons	the disease,	hilleston		1 to my
	plication which coused	deoth.)	puese - e		12/
A	NTECEDENT CAUSES	(B)		***************************************	
DISEASES	R CONDITIONS, if				
rise la the	obave cause (A)				
UNDERLYING	CONDITION lost.				
	П				
	П	ONTRIBUTING	macerde	i mila	vetion
OTHER SIGNI	II FICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING I	ONTRIBUTING OLD M	yourde	in wife	erction
OTHER SIGNII TO THE DE DISEASE OR	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		E FINDINGS CONSIDERED
OTHER SIGNI	II FICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING I	DITION FOR WHICH OPERATION			E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNII TO THE DE DISEASE OR O T9A. DATE OF	FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I	ORMED 21 B. PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNII TO THE DE DISEASE OR (1) 19.4. DATE OF	FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I	ormen Colon	20A. AUTOPSY? (Yes or No	IN CERTIFYING C	AUSES OF DEATH?
OTHER SIGNII TO THE DE DISEASE OR (2) 19.A. DATE OF 21.A. ACCIDEN OR CONTRIBU DEATH (notify	FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21C. WHERE DID INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?
OTHER SIGNII TO THE DI DISEASE OR (1) 19.A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME	FICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PERF TING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or obout 21C. WHERE DID INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?
OTHER SIGNII TO THE DI DISEASE OR (1) 19.A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME	FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21 C. WHERE DID INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?
OTHER SIGNII TO THE DE DISEASE OR (19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.)	FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I PRESENT OF THE PROPERTY OF THE PROPERT	(Hour) 21E. INJURY OCCURRED While At Work	or obout 21C. WHERE DID INJURY OCCUR?	(If in Bolim	AUSES OF DEATH?
OTHER SIGNII TO THE DE DISEASE OR (19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify	FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION 19B. CON WAS PERFORMED CAUSE OF MEDICAL CA	(Hour) While At Work attended the deceased fram	or obout 21C. WHERE DID INJURY OCCUR?	URY OCCUR?	ore City, give exact location)
OTHER SIGNII TO THE DE DISEASE OR (19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify	FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I PRESENT OF THE PROPERTY OF THE PROPERT	(Hour) While At Work attended the deceased fram	or obout 21C. WHERE DID INJURY OCCUR?	URY OCCUR?	ore City, give exact location)
OTHER SIGNII TO THE DE DISEASE OR (DISEASE	FICANT CONDITIONS COEATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CON WAS PERFORMED CONTROL CONT	(Hour) While At Work attended the deceased fram	or obout 21C. WHERE DID ince bldg., INJURY OCCUR?	URY OCCUR?	ore City, give exoct locotion)
OTHER SIGNII TO THE DE DISEASE OR (DISEASE	FICANT CONDITIONS COEATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CON WAS PERFORMED CONTROL CONT	DITION FOR WHICH OPERATION ORMED 21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.) (Hour) 21 E. INJURY OCCURRED While At Not While At Work attended the deceased fram d alive an	or obout 21C. WHERE DID ince bldg., INJURY OCCUR?	URY OCCUR?	ore City, give exoct locotion)
OTHER SIGNII TO THE DE DISEASE OR (19A.DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and	FICANT CONDITIONS COEATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CON WAS PERFORMED CONTROL CONT	DITION FOR WHICH OPERATION ORMED 21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) (Hour) 21 E. INJURY OCCURRED While At Not White At Work) attended the deceased fram ded above. (I) (We) (did) (did not) v	or obout 21C. WHERE DID ince bldg., INJURY OCCUR?	URY OCCUR?	ore City, give exact location) 19 pinian death accurred an the
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Melland Jecoms

A COLUMN TO THE PARTY OF THE PA

22/01	67 GOVERNMORE CITY HEALTH DEPARTMENT 67 GOVERNMENT
2002	BIRTH NO. CERTIFICATE OF DEATH Registered No.
an ase th th Suc	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
- p = c	(Type or Print) Petz Mr. Deorge EDWARD JUNE 22 W. 1967, 08.40
Dec Dec ath.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission A, STATE B, COUNTY
e 1 (S) e	FULL NAME OF (If not in hospital or institution, give street) Marulland 16-08
	HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city, limits, write RURAL and give township)
cau end to	
in dia	Bon Secours Hospital D. STREET ADDRESS (If rurol, give location)
ep r de	3525 Gelston Drive.
ibi	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs WIDOWED, DIVORCED (specify) Months; Doys Hours; Min.
occu ontrib ermir regul sased is mo	Male While Never Married 9-24-91 /3
th con i	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
de inde	done during most of working like even if retired? R. Alaryland WHAT COUNTRY? Alaryland U. 3
d d d	13. FATHER'S NAME
the state of the s	George Petz Emelia Volkmap
itani ind; eath eath al d	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
the the de de nce	Yes W.W.1 SECURITY NO. 7/4-05-6769 Karl V. Petz 208 Westshire Rd. (29)
# ~ ~ B B .	18. A CAUSE OF DEATH INTERVAL BETWEEN
SOUL	DISEASE OF CONDITION DIRECTLY
Also e of noun atte	LEADING TO DEATH (A) Coupes i've hear failure
a no	(This does not mean the mode of dying, e.g., DUE TO / heort failure, osthenio, etc. It meons the disease,
ine act act and act	injury or complication which coused death.) ANTECEDENT CAUSES (B) OUT 10
F. f.	
X X X X	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost,
al (3	UNDERLYING CONDITION lost,
dicalicalicalicalicalicalicalicalicalical	
bed by	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
E Y G in a	U 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 120A AUTORSYSTEM OF NO. 2018 IF YES WERE EINDINGS CONSIDERED
chi Boo Boo the the	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
Ph Ph	OP CONTRIBUTION OF CAUSE OF CONTRIBUTION OF CO
tal he ()	DEATH (notify medical examiner) (etc.)
d b)	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
ho ho	OF INJURY (APPROX.) While At Not While At Work At Work
xcxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	22. I certify that (I) (this hospital) attended the deceased fram 1907 to 6/22 1967
9 (e	that (1) (we) last saw the deceased alive an 6/22 19 67 and that in (my) (aur) apinian death accurred an the dat
4 to	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.
spit spit leat	23A. SIGNATURE 23B. DATE SIGNED
must eleas ccide hos to do	5, R A. Attending Med. Director Phys. Solff
0 - 0 - 2	23C. PHYSICIAN'S [23D. ADDRESS
An a Ar or	NAME (Type) SAI ROX PARK M.D. Bon Scenus Horn Tal
certificat sody was rs: (1) An D.O.A. af ased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, of county) (State)
cert body ws: (D.O Dease	Burial 6-26-1967 Baltimore National Baltimore Md.
S S S S	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTEAR 259/FUNERAL DIRECTOR ADDRESS
the shoot was	JUN 23 1967 R. D. G. E. Starley M. Showard Strong 3x 67 CV North Class
	VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT



BALTIMORE CITY HEALTH DEPARTMENT

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Sect Self 6/21/4] Ballimantitarialitaria 3551 Tralinitari Cont

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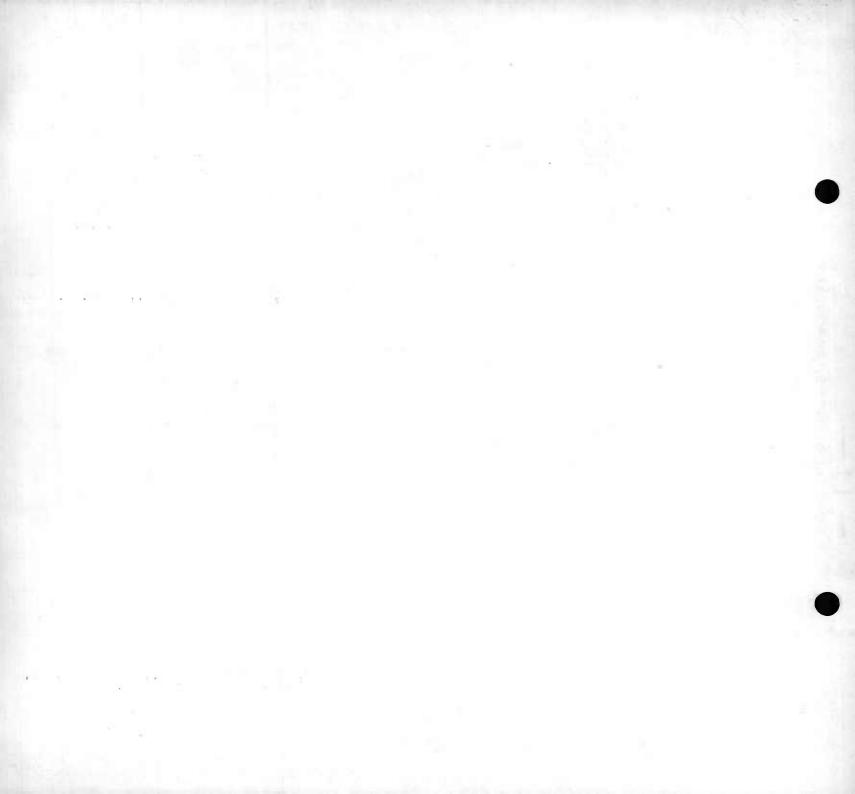
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DIRECTOR:

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VS 150-REV. 1/1/65

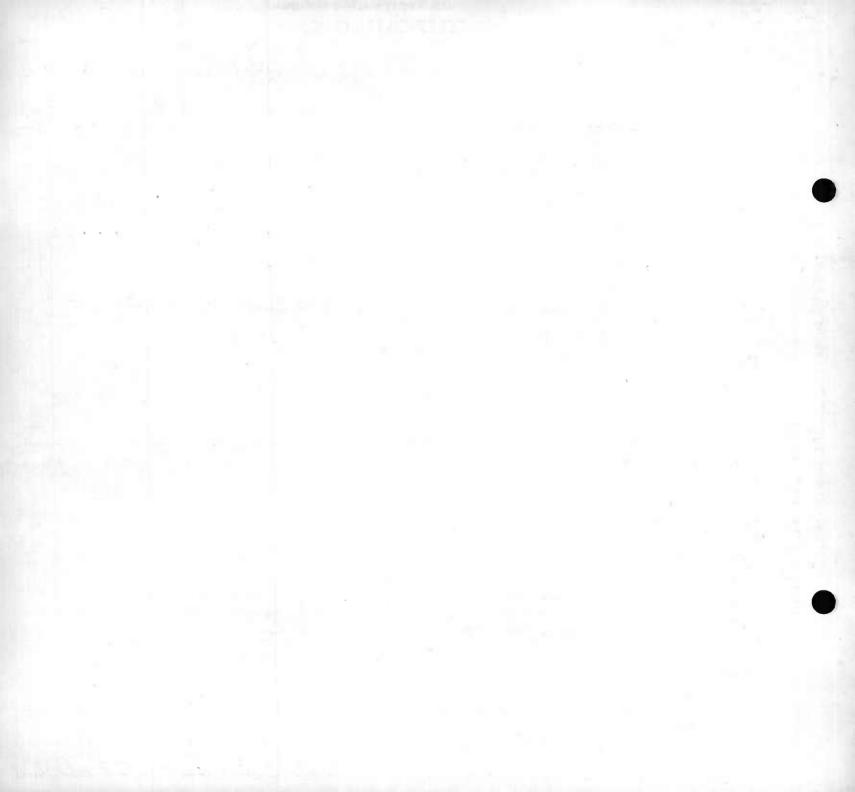
BALTIMORE CITY HEALTH DEPARTMENT



V\$ 150-REV. 1/1/65

a hospital and

		BALTIMORE CI	TY HEALTH DEPARTMENT		on consta
BIRTH NO.	67	6079 CERTIFIC	ATE OF DEATH	Registered No.	PA 00149
A.E. CASE NAME OI	NO. O C	OUTO		HOUR OF DEATH	
Type or Prin	" ANNA THORN	TON	6/03/6	7	1 30 15 DA
. PLACE O	OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where d	eceosed lived. If institut	tian: residence belare admissian
FULL NA HOSPITA INSTITUT	L OR oddress or location	or institution, give street n)	Maryland c. CITY OR TOWN (II outside	e city limits, write RURA	AL and give prynship)
	The Johns Hopk	ins Hospital	Baltimore		100
5	601 North Broa	dway	D. STREET ADDRESS (If rura	l, give location)	
	Baltimore, Mar		1801 Duncan S	treet	
. S EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. A	AGE (In years If Mo	Under 1 Yr. II Under 24 Hrs onths: Days Hours: Min,
Fema	le Negro	Married	7/6/18	40 yrs	
OA, USUAL		108. KIND OF BUSINESS OR INDUST			2. CITIZEN OF WHAT COUNTRY?
Baby	-sitter		Baltimore, Mar	ryland	U.S.A.
3. FATHER	SNAME		14. MOTHER'S MAIDEN NAME		
	ch, Colombus		Walters, Max	zzie	
5. Was Dec les, no or un	ceased Ever in U. S. Armed For iknown)(II yes, give war or date	rces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1.1	ADDRESS
			makes Frank	blin 1627	Lucy SA
1B. 🗢	21XI	CAUSE	OF DEATH	un /+-/	MITERVAL BETWEEN
0	DISEASE OR CONDITION DIE	PECTLY	1		ONSET AND DEATH
1	LEADING TO DEATH	/	indian aust		
(This d	laes nat meon the mode of	dying, e.g., DUE TO	www.		••••••
heart fo	oilure, asthenia, etc. It means or complication which caused	the diseose, death.)			
	ANTECEDENT CAUSES	1	In Lacronnel heme	nuly	
DICEAG		DUE TO			
	SES OR CONDITIONS, if o the above couse (A)				
	RLYING CONDITION last.	(0)		= = 0 0= = = = = = = = = = = = = = = =	• • • • • • • • • • • • • • • • • • • •
	ll l				
≝ το τι	SIGNIFICANT CONDITIONS C HE DEATH BUT NOT RELA SE OR CONDITION CAUSING I	ATED TO THE			
		DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar No) 2 YES	N CAUSES	DINGS CONSIDERED S OF DEATH?
OR COL	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g. home, larm, foctory, street, etc.)	of about 21C. WHERE DID INJURY OCCUR?	(If in Baltimore Cit	ty, give exoct location)
U	(natify medical exominer)				
OF INJ			21F. HOW DID INJURY	r OCCUR?	
(APPRO	X.)	While At Not W	hile hile		
22. 1 6	ertify that (1) (this basnital	l) attended the deceased from	(e/) le 19	67 to 4	12/ 1967
		0/2/	1' 47		/
) (we) last saw the decease		/	in (my) (our) apinion	death occurred on the da
		ted above. (I) (We) (did) (did not)	view the body after death.		
23A. \$10	GNATURE // A R	M.D. A	Attending Med. Sta	in ¬	B. DATE SIGNED
23 C. PH	YSICIANS YALLA	alle	hys. Director Phy 23D. ADDRESS	/ 34 🗀	4/21/6/
NA	ME (Type)			La Harman	
		GHAM M.	OUIN'S PAIRING	IS HOSPITAL	
	VAL (Specify) 24B. DATE	24C. NAME of CEMETERY of	CREMATORY 24D. LOC.	ATION (City, to	own, ar county) (State)
1941	line Kure 24	1/67 MM Chelman	11. (one) 11.	A. Cherry	to Med
SA. DATE	REC'D BY HEAKYN DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1 As	ADDRESS



DIRECTOR:

FUNERAL

Presentation

Conquited Brem alumenty 5 spring retrieved

James J. Cookins

1015-4

13 15-9 40

LIZARAZO-

M.E. CASE NO.		6082 CERTIFICA	ATE OF DEATH	Registered No	67 6006
1. NAME OF DE	CEASED		2. DATE A	ND HOUR OF DEATH	07 6082
(Type or Print)	Rupp, Charle	otte v	*****	- 20 30/0	1 20 12
. PLACE OF D	ATH IN BALTIMORE, MA		4. USUAL RESIDENCE (W	ere deceased lived. If in	stitution: residence before admission
FULL NAME		or institution, give street	Md.		20-07
INSTITUTION			Delledonom	utside city limits, write	RURAL ond give township)
Doroc	s urrr senatul	g & Convalescent Ctr.	502 Mt. Holl	f rural, give location) V Streat	
SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9, AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H
F	White	Single (specify)	1/3/06	lost difficulty?	74.01.0
OA. USUAL OC	CUPATION (Give kind of war	k 10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPL. 2 (State or for	reign country)	12. CITIZEN OF
	I working life, even if retired)				WHAT COUNTRY?
	Gutman De	pt. Store Ba	ltimore, Maryla	nd	U.S.
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN N.	AME	
	Frederick F	ann			
5. Was Decease	d Ever in U. S. Armed Fo		17. INFORMANT	enner	ADDRESS
es, no or unknov	n) (If yes, give war or dot	es of service) SECURITY NO.	W. IIII OKIVIAIVI		755/1100
NO		212 09 3369	Mrs Anna G.	Lyon 2701	Tivoly Avenue
1B. /	aVI	CAUSE	OF DEATH		INTERVAL BETWEEN
DISE	ASE OF CONDITION DI	RECTLY			ONSET AND DEATH
0.027	LEADING TO DEATH	_	1-0,	tastastas	1-10
(This does	not mean the mode of	dying, e.g., DUE TO	Aflug wo		7 7000
heart foilure	, asthenia, etc. It means	s the disease,			
injury ar ca	mplication which caused	d death.)	- H	1 (A. Punot	
	ANTECEDENT CAUSES	S (B)	m-peano	CITIZE	- Jans
DISEASES	OR CONDITIONS, if	ony, giving	breat (raley		
	he obove couse (A)	stating The (C)	Cant (radical	reallely)	
UNDERLYIN	IG CONDITION last.		uteroseleus 7	enembered	near
	11				
				-	
OTHER SIGN	HEICANT CONDITIONS (DEATH BUT NOT REL R CONDITION CAUSING	ATED TO THE			
	DEATH BUT NOT REL CONDITION CAUSING F OPERATION 198. CON	ATED TO THE IT.	20A. AUTOPSY? (Yes or F	lo) 20B. IF YES, WERE	FINDINGS CONSIDERED
	DEATH BUT NOT REL CONDITION CAUSING F OPERATION 198. CON	ATED TO THE	20A. AUTOPSY? (Yes or P	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
19A. DATE C	DEATH BUT NOT REL CONDITION CAUSING FOPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF	ATED TO THE IT. NODITION FOR WHICH OPERATION RFORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? e City, give exact location)
19A. DATE O	DEATH BUT NOT REL CONDITION CAUSING F OPERATION 198. CON WAS PER	ATED TO THE IT. NOTION FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g.,	NO	IN CERTIFYING CA	
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DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT

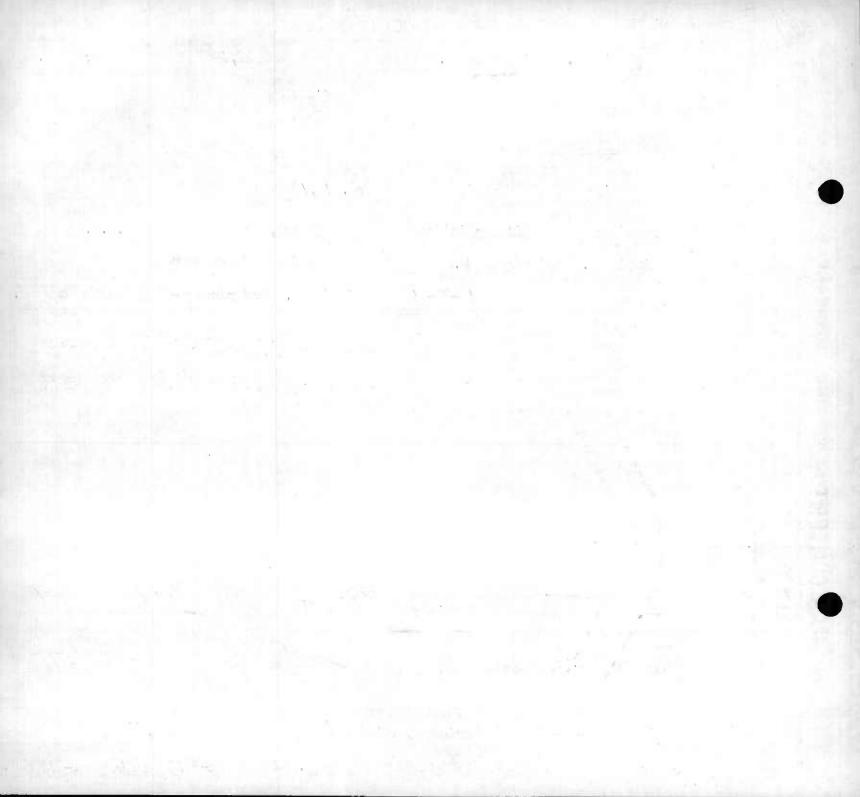
- Lynn Francisco 29.00/1863 all-galoch continued . Linise new 13 Telegramy 67 22 from JOHN STERNARY LEI E MORTHER

	NAME OF DECEASED ype or Print)	spoksovsk Veeglei		HOUR OF DEATH	1 2 4
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	SXXXXXX Veegle	4. USUAL RESIDENCE Where	deceosed lived. If ins	titution: residence before
	FULL NAME OF (If not in haspital or institution	n dive street	A, STATE B. COUNT		10-01
			C. CITY OR TOWN (If outs	de city limits, write RU	JRAL and give township
9	D 1200 VALLEY S	The rook	Baltimore D. STREET ADDRESS (If re	rot, give location)	
1	INSTITUTION Little Sisters (1200 VALLEY S Baltmore, m	0.21202	1200 VALLE	1 Stay	
5.	SEX 6. RACE 7. MARRIE	NEVER MARRIED VED. DIVORCED (specify)	8. DATE OF BIRTH 9.	AGE (In years st birthday)	If Under 1 Yr. If Un Months Doys Hours
	SA. USUAL OCCUPATION (Give kind of work 10B. KIND one during most of working life, even if retired)		11. BIRTHPLACE (State or foreig		12, CITIZEN OF
	Clerical		Baltimore	Md.	USA
1	3. FATHERS NAME		14. MOTHER'S MAIDEN NAM		
	Charles Voeglein		MARY +	ussell	
1.5 IY	os, Wos Deceased Ever in U. S. Armed Farces? es, no or unknown)	16. SOCIAL SECURITY NO.	MARY FO	of the 1	POOR ADDRESS
-	18. / /	CAÚSE OF	DEATH	4	INTERVAL BET
	DISEASE OR CONDITION DIRECTLY		Co of the		ONSET AND
	(This does not meen the mode of dying, e.	q., DUE TO	ra of the	1 CorynX	
	heart failure, asthenia, etc. It means the disease injury or complication which caused death.)	31,	/	-	
	ANTECEDENT CAUSES	(B)	***************************************	8 0 x 0 0 0 x x x x x x x x x x x x x x	
	DISEASES OR CONDITIONS, if ony, givin	ng			
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DIRECTOR:

FUNERAL



CH		TY HEALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO.	6086 CERTIFIC	ATE OF DEATH	Registered No.	7 6086
NAME OF DECEASED	/	2. DATE AN	HOUR OF DEATH	AC
50001	MAN, LOUIS	SE 61	119/67	1 300
3. PLACE OF DEATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Whe	re deceored lived off institution:	residence before odn
FULL NAME OF (If not in haspital as	institution, give sheet	MD		
HOSPITAL OR addiess at lacation)			tside city limits, write RURAL	and give township)
2 0	- /	BALTIMA	HRF CITY	1 define ()
Dimai Itospi	al .	D. STREET ADDRESS (If	tural, give location)	
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5. SEX 6. RACE 7	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		9. AGE (In years If Un last bighday) Manth	der 1 Yı. If Under
Demale negro	Widowed	11/24/05	61	
IOA, USUAL OCCUPATION (Give kind of work)	B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLA CE State or fore	ign cauntry) 12. C	TIZEN OF
10 Am a st) Washes	Pareta Family	Pittal		U. S.A.
13. FATHERS NAME	Journal June 2	14. MOTHER'S MAIDEN NA		112117.
Edward my	174.	ma 1.	Harit	
15. Was Deceosed Ever in U. S. Armed Force	s? 16. SOCIAL	17. INFORMANT	Fariston	ADDRESS.
(Yes, na ai unknawn) (If yes, give war ar dates	of service) SECURITY NO.			W Place
no -	125-01-8968	Mrs. Ugnes Er	ana Baltim	ore, md.
18. 4 4 XI	CAUSE	OF DEATH		INTERVAL BETWE
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(This does not mean the mode of	lying e.g. (A)	COTO IID (DECLUSION	
heart foilure, asthenia, etc. Il meons t injury ar camplication which caused d	he disease,		Λ	
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OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.	affice bldg., INJURY OCCUR?	(If in Baltimare City, g	give exoct lacation)
▼ DEATH (natify medical examiner)	hame, faim, foctory, street,	artice bidg., INJURY OCCUR?		
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OF INJURY (APPROX.) (Manth) (Day) (Year)	While At Not W	/hile		
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22. I certify that (I) (this hospital)		/ . ~	196/10 6/19	19
that (I) (we) lost saw the deceased	alive on $6/19$	19 6 / and th	ot in (my) (our) opinion de	eath occurred on
ond hour and from the couses state	d above. (1) (We) (did) (did not) view the body after death.		
23A. SIGNATURE			23 B. D	ATE SIGNED
James) e) (, o (M.D.)	Attending Med. Phys. Director	Staff Phys 6	/19/1.
23 C. PHYSICIAN'S		23D. ADDRESS		11/4
NAME (Type)	M.	0. 5 0 16	Assitio "	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of	serial 1-	OCATION (City, town	, ar caunty)
REMOVAL (Specify)	72.400 A	1 1 1	nd .	, ar caunty)
25A, DATE REC'D BY HEALTH DEPT. 2	58. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	demore, ne	aryou
4	58. NAME OF REGISTRAR	25 PUNERAL DIRECTOR	10 1712-14	E with
JUN 2 6 1967 (P	MANY CO.	Church Chr	werk Ballin	ione, mi
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such experien approval must be obtained before the remains are embalmed or final disposition is made.
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BIRTH NO. M.E. CASE NO.	67 608	CERTIFICA		Registered No.	67 6087
Type or Print)	Clover Pet	(ELMER PET	TIT	6-21-67	5 P
PLACE OF D	EATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe		nstitution: residence before odmission
FULL NAME HOSPITAL O	R oddress or location)		Maryland c. CITY OR TOWN (If au	teido citu limite unito	RURAL and give township)
INSTITUTION	BALTIMORE CITY I		Baltimore	iside city initits, wife	X-0 3
	4940 EASTERN AVI		D. STREET ADDRESS (If	rutal, give lacation)	
1	BALTIMORE, MARY	YLAND #21224	806 W. Prat	tt St. #212	201
SEX	WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
Male		Married	7-20-03	63	12 CIPITEN OF
	CUPATION (Give kind of work 10B, KIN) of working life, even if retired)	D OL BOSINESS OK INDOSIKI		ign country)	12. CITIZEN OF WHAT COUNTRY?
Reti			Maryland		USA
3. FATHER'S N.	AME		14. MOTHER'S MAIDEN NA	ME	
	Elmer Pettit		Jessie Ful	Lton	
S. Was Deceas	ed Ever in U. S. Armed Farces? wn) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT BCH	4940 Eastern	Avenue DRESS
	, ,	212-12-1252			Maryland #21224
18. / 14	- 2 XI 2.	15-05-1262 CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEASES	e, osthenia, elc. It means the dise amplication which caused death,) ANTECEDENT CAUSES OR CONDITIONS, if any, gi the above couse (A) stating NG CONDITION last.	(B)			
DISEASE O	NIFICANT CONDITIONS CONTRIBU DEATH BUT NOT RELATED TO R CONDITION CAUSING IT.	JTING THE FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE	WAS PERFORMED	OK WHICH OFERATION	NO	IN CERTIFYING CA	USES OF DEATH?
OR CONTRI	DENT WAS UNDERLYING DIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, farm, foctory, street, a etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimo)	re City, give exact location)
21 D. TIME	(Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJ	IURY OCCUR?	
OF INJURY		While At Not While Work At Work			
22	fy that (this haspital) attend			1967 to	G-21 1967
	e) last saw the deceased alive	1 31	1 -		inion death occurred on the c
				natin (my) (aut) op	inton deorn occurred on the c
23A. SIGNA	and from the causes stated above	ve. (I) (VC) (did) (did noi) 1	the bady ofter death.		23 B. DATE SIGNED
234.31044	January Charles	M.D. Att	ending Med.	Staff Fee	
22 C BUYER	formes comme	Phy		Stoff Phys.	6-21.67
23C. PHYSIC	James Corkins	M.D.	4940 Eastern	Avenue Ba	altimore, Md.#2122
24A. BURIAL C	REMATION, 248. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (C	ity, town, or county) (Stote)
Cremati	on 6-23-67	London Park	E Cen /	Salto m	nd.
25A. DATE REC	D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R 0 62	ADDRESS 200
10 100 5011	1011 80-1201 10 Co	TO CONTRACT	connecty fur	und I som	-200 //www
S 150-REV. 1/	1/65				

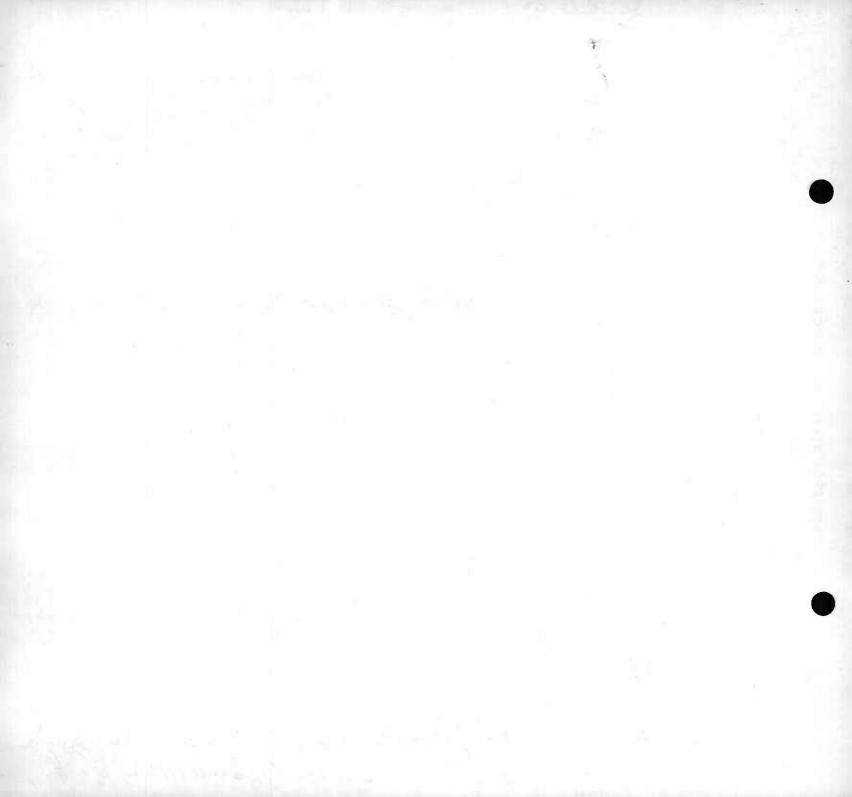
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2201	67 6088 BALTIMORE CITY HEALTH DEPARTMENT 67 6088
P+P+	BIRTH NO. M.E. CASE NO. CERTIFICATE OF DEATH Registered No.
deatl deatl cease on th	1. NAME OF DECEASED
(5) Dece ance or death.	(Type or Print) RESCHKE, -ADOLPH. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A, STATE B, COUNTY
	FULL NAME OF (If not in hospitol or institution, give street)
1	HOSPITAL OR oddress or location)
	SOUTH GENERAL BALTIMORE BOLTIMORE OF STREET ADDRESS (If rural, give location)
	HOSPITAL - 2904 Michigan Ave
	5. SEX O. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 3 - 31 - 02 16. AGE (In yeors lost birthdoy) Months: Doys Hours: Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Bethlehem Steel Ship Yard Worlden Germany 4. J. H.
	13. FATHER'S NAME
	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 21503-0637 Mrs Ella Pear here 2904 michiganly
1	18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO DUE TO
	(This does not meon the mode of dying, e.g., heort failure, asthenia, etc. It means the disease,
	injuly of complication which caused death.)
	ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, if any, giving
	DISEASES OR CONDITIONS, if any, giving ise to the above couse (A) stoling the UNDERLYING CONDITION lost. (C) Hetastanie Con of the Brain Z 1100-
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
	Work At Work
	22. I certify that (I) (this haspital) attended the deceased from 5 = 2 1967 to 6 - 21 1967,
	that (I) (we) last sow the deceased alive an
	23A. SIGNATURE 23B. DATE SIGNED
	M.D. Attending Med. Staff Phys.
	SSC PHYSICIAM'S NAME (Type) 23D. ADDRESS
	Jose V. I Gresias M.D. South Baltimore Gen Horp. 12 3 Stiples. 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CREMATORY 124D. LOCATION (City, town, or county) (50te)
	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Sfote) 4.
	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAY 25C, FUNERAL DIRECTOR ADDRESS
	JUN 26 1967, Julius E. Jansey McCully Fureral Hume 237 Retaposco
	VS 150-REV. 1/1/65

M. Carlotte and Ca

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: IMPORTANT	r or his assistant if death occurred in a hospital and . Also, if the direct or contributing cause of death	ure of any kind; (4) Undetermined cause; (5) Deceased	onounced death was in regular attendance on the	r affendance on the deceased prior to death. Such	almed of final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to dearn); and (o) No physician was in regular amendance on the deceased prior to dearn. Such	written approval must be obtained betone the remains are embalmed of final disposition is made.

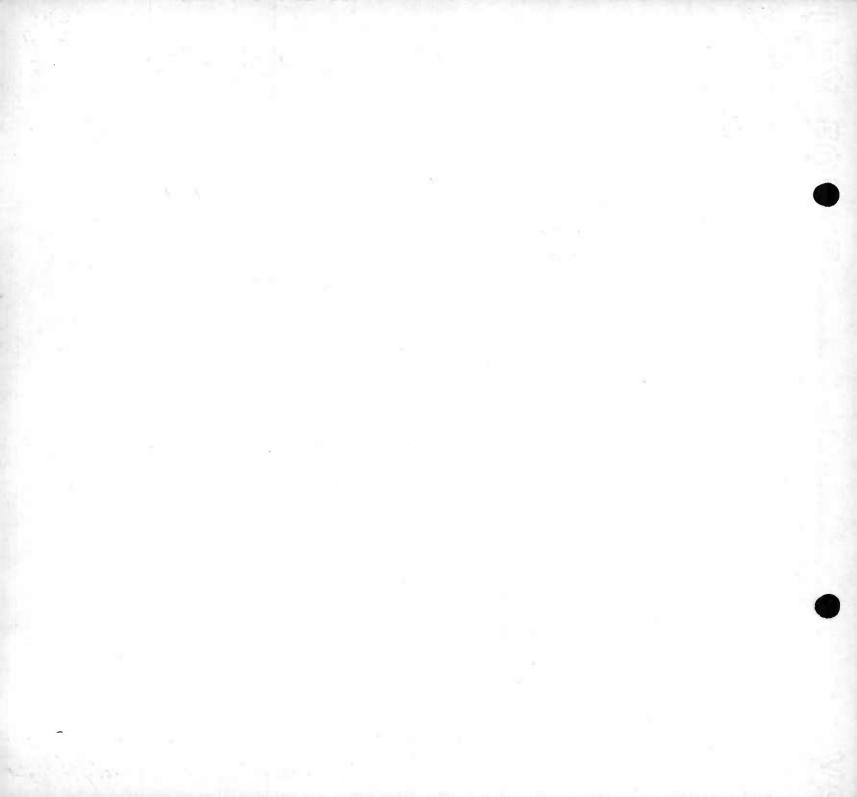
			BALTIMORE CITY	HEALTH DEPARTMENT		67 6989
IRTH NO.	67	608	S CERTIFICA	TE OF DEATH	Registered No	01 0000
NAME OF DE	CEASED ()	-	7	2. DATE A	ND HOUR OF DEATH	-05
Type or Print)	E DWar	D	Brown	2	4 TUNC	5-05 D
PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Who	ere deceased tived. If in:	stitution; residence before admission
				MAIY LCM		V
FULL NAME HOSPITAL OF	OF (If not in hospital and oddress or location	or institution, n)	give street	C. CITY OR TOWN (If or		RURAL and give township)
INSTITUTION				BULTIA		18-01
VIN	IVENJITY	NOSP	ITO L		rurol, give lacotion)	10-01
0		,		821	W Say	la te6a st.
- SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr. If Under 24 He Months Doys Hours Min.
m	NICGIA	WIDOWEL	DIVORCED (specify)	3/15/92	9. AGE (In years last birthdoy)	Months Doys Hours Min.
OA. USUAL OC	CUPATION (Give kind of world	10B, KIND OF		11. BIRTHPLACE (State or fore		12. CITIZEN OF
	of working life, even if retired)	İ			- 0	WHAT COUNTRY?
	ee-worker				5, Caroline	USA
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN NA	IME	
5. Was Decease	ed Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	in yes, give nor or con	00 00 00171001	215-07-5334	Victoria &	rown-8211	15, 1 81
1B. 11 11	5 VI		CAUSE O		Y DOWN OF IV	INTERVAL BETWEEN
7 7	ASE OR CONDITION DI	PECTLY				ONSET AND DEATH
01327	LEADING TO DEATH	NEC IEI	Ar	ND HYPOTONO	Carpiov	ayevian
	not mean the mode of		DUE TO A	ND HYPENTENZO	ove Ton	denone
	e, asthenio, etc. II meons omplication which caused					
	ANTECEDENT CAUSES		(B)	CONFCITURE	NCCHI MIL	UR.
DISEASES	OR CONDITIONS, if	anv. givino	002 10			
rise to	the above couse (A)		(C)	SPIRATION	PNCUMONI	3
UNDERLYIN	NG CONDITION lost.					
7	II		_			
OTHER SIG	NIFICANT CONDITIONS C DEATH BUT NOT RELA	ATED TO TH				
DISEASE O	R CONDITION CAUSING OF OPERATION 1198, CON		WHICH OPERATION	20A. AUTOPSY2 (Yes or N	10) 208 IE VES WEBE	FINDINGS CONSIDERED
E 9	WAS PER		WHICH OFEKATION	1	IN CERTIFYING CAL	USES OF DEATH?
OTHER SIGN TO THE DISEASE O 19A. DATE O	ENT WAS UNDERLYING	21 R	PLACE OF INITIDY (e.g. i	n or about 21 C WHERE DID	(If in Boltimore	City, give exact location)
, OR CONTRI	BUTING CAUSE OF	hom etc.	ne, form, foctory, street, o	n or obout 21C, WHERE DID	(II III POIIIIIOIE	e city, give exoct localians
O DEATH (not	ify medical examiner			V		
21D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		Wh	ile At Not While	e		
22. L certif	fy that (1) (this haspita	I) attended t	he deceased from		19 to	19
						nian deoth occurred on the d
						man decin occorred on the d
		ted obave. () (We) (did) (did nat) v	riew the body after deoth.	•	23 B. DATE SIGNED
23A. SIGN A			O M.D. Atte	ending Med.	Stoff	
	11/1/1/1/	DMIC	Phy		Phy s.	24 June 67
23C. PHYSIC	11001					
		1	And the second	23 D. ADDRESS		
NAME	(Type)	ENZET			virencity	KOSPITAL
NAME	REMATION, 1248, DATE	EN ZET		UN		HOSPITAL 1y, town, or county) A (State)
	REMATION, 1248, DATE		M.D.	UN		<i>/</i> ·
NAME 24A. BURIAL CI REMOVAL	REMATION, 24B. DATE	24C.N	M.D. AME OF CEMETERY OF CR	EMATORY 24D.	LOCATION (C)	ty, town, or county) (State)
NAME 24A. BURIAL CI REMOVAL	REMATION, 1248, DATE	24C.N	M.D. AME of CEMETERY OF CR COMPANY DEREGISTRAR	UN	LOCATION (C)	<i>/</i> ·
NAME 24A. BURIAL CI REMOVAL	REMATION, 24B. DATE (Specify) D BY HEALTH DEPT.	24C.N	M.D. AME OF CEMETERY OF CR	EMATORY 24D.	LOCATION (C)	ty, town, or county) (State)



BALTIMORE CIT

VS 150-REV. 1/1/65

Y HEALTH DEPARTMENT		OPI	CORE
TE OF DEATH	Registered No.	67	6090
2. DATE AND	HOUR OF DEATH		
-W. JUN	E 25 19	-	:45 AM
4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. If institu	tion: residence	before odmission)
C. CITY OR TOWN (If outside	de city limits, write RUR	AL ond give lo	wnship)
D. STREET ADDRESS (If rul	ol, give location)	6	-0'h
3017	DAXHIL		
B. DATE OF BIRTH \$5 9.	401		If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State of foreign	LAND 1	2. CITIZEN OF	NTRY? S. A
14. MOTHER'S MAIDEN NAMI	OSEN		
17. MPPMANTARATO	MONNEY - 1	/) E/CC	800/00
17. MPARE ARC + 1	part 5	+.	MANNES
DF DEATH	4 ' 2	INTERVA ONSET	L BETWEEN
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		O A CHIMWW CO CO GO GO GO GO GO	
MIA CO	me unfin	w?	
MIA CA	rat Dikan	. ?	
20 A. AUTOPSY? (Yes or No)		INGS CONSID	ERED
in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore Cit	y, give exact l	ocation)
21F. HOW DID INJUI	RY OCCUR?		
1. 7.2	/- I	no 25	- />
2 19 67 and that	in(my) (our) opinion		
view the body after death.	intiny, foor, obtains	. deoin occur	THE GOTE
	off [23]	B. DATE SIGNE	-/6>
ending Med. Si pirector Pi	off ny s.	1/23	1
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EMATORY 24D. LOC		own, or county)	(Stote)
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Ellsworth Ar	emacust-460	Libert	HEAT



DIRECTOR:

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VS 150-REV. 1/1/65

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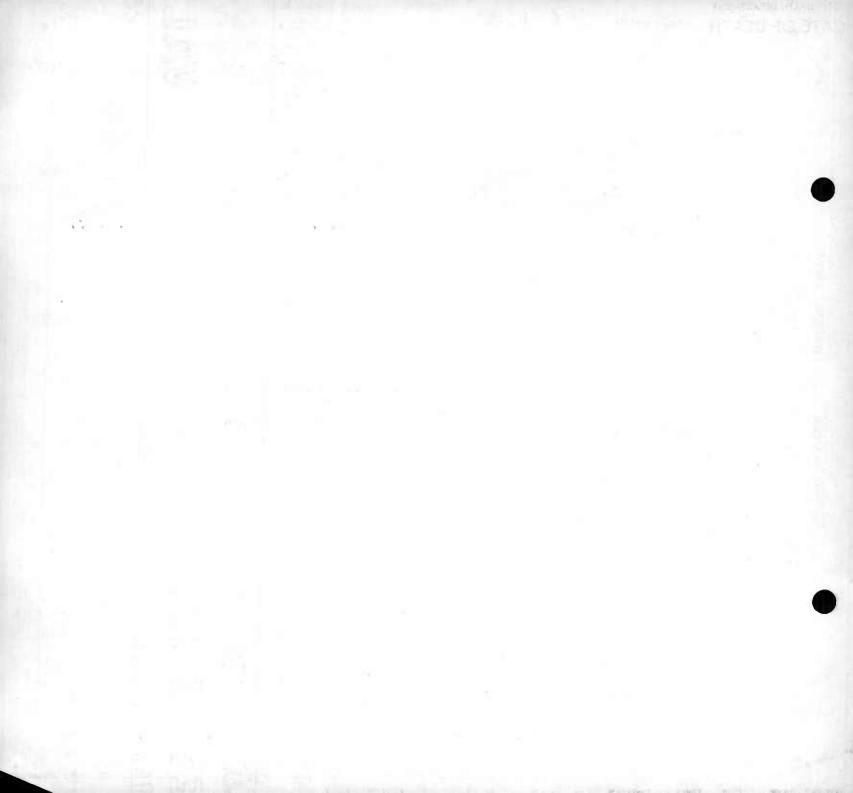
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		67	6000	BALTIMORE CITY	HEALTH DEPARTMENT		67	6092
	H NO. CASE NO.	01	6092	CERTIFICA	TE OF DEATH	Registered No.		0000
1. N. (Typ	ame of Deceased or Print) HOL	MAN	PEF	ARLINE	6 -	ND HOUR OF DEATH	7	4-151
3. P	LACE OF DEATH IN BA	LTIMORE, MA	RYCAND		A. STATE B. COU	ere deceosed lived. II i NTY	n stitution: res	sidence belore odm
H	OSPITAL OR odd	ress or location		1	C. CITY OR TOWN (1/6)	and utside city limits, write	RURAL ond	give township)
01	utheran t	tashi ku	1 9 M	andan		nae		
-	eux eran	ca je ia	0 / 1.	11000	D. STREET ADDRESS (III	or e dale	st.	
5 . \$1	EX 6. RACE		7. MARRIED, NI WIDOWED,	EVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	II Under Months	1 Yr. II Under 2 Doys Hours A
	USUAL OCCUPATION (108. KIND OF BU	JSINESS OR INDUSTRY	11. BIRTHPLACE (State or lon	eign country)	12. CITIZ	EN OF
dolle	None.	even ii renirea,			S.C.	•	U.	COMPLTRY?
13. F	ATHER'S NAME				14. MOTHER'S MAIDEN NA	ME		
		eff Ad						
15. V (Yes,	Vas Deceased Ever in U. no or unknown) (If yes, gi	S. Armed Fore ve wor or date	s of service)	SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
					James Holma	n 1705 H	Roseda	le St.
	18.4	1		CAUSE O	F DEATH	_		NTERVAL BETWEE
	DISEASE OR CO	NDITION DIR	ECTLY	Anh	nio Sclenotic Care	Din Harcul 7	ing	
	(This daes not mean heart failure, asthenio,	the made of	dying, e.g.,	001 10			175075	
	injury or complication			pl.	enic Brain S	1.1		8
		ENT CAUSES		(B) DUE TO	ATTIC DILATE S	enorome,		
	DISEASES OR CONE			(C) H	neumonia E	bromia		
	UNDERLYING CONDI			(0/	, , , , , , , , , , , , , , , , , , ,			
ATION	OTHER SIGNIFICANT C TO THE DEATH BU DISEASE OR CONDITIO	T NOT RELA	TED TO THE					2.5
CERTIFICA	19A. DATE OF OPERATIO		DITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or N	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS AUSES OF D	CONSIDERED
	21A. ACCIDENT WAS U OR CONTRIBUTING C DEATH (notily medical e	ALICE OF	21 B. PL home, etc.)	ACE OF INJURY (e.g., i form, foctory, street, o	n or about 21C. WHERE DID Ince bldg., INJURY OCCUR?	(If in Baltima	re City, give	exact location)
ā	21 D. TIME (Month) OF INJURY	(Day) (Year)		JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
>	(APPROX)		While Work	At Not Whil	e _			
	22. I certify that (I) (this hospital) ottended the	deceased from	5-26 -	1967 10 6		24 - 191
1	that (1) (we) last sow	the decease	d olive on	6 - 24	- 19 67 and 1	hat in (my) (aur) ap	inion deatl	n accurred on t
		couses stat	ed above. (1) (We) (did) (did nat) v	riew the bady ofter deoth.			
	23A. SIGNATURE	Lando	shi	M.D. Att	ending Med.	Stoff -	23B, DATE	SIGNED
	23C PHYSICIANS	11/	de de la companya della companya della companya de la companya della companya del	Phy	s. Director	Stoff Phys.	6	- 24-6
	23C. PHYSICIAN'S NAME (Type)	7/ 1	y The	HT M.D.	230. ADDRESS Just Cre	an Holpital	100	may las
244	BURIAL CREMATION,	24B, DATE	7 . VUS	E of CEMETERY OF CR	130 Ashbush	M St. BOLLOCATION	Eltima	u 212
	REMOVAL (Specify) Burial	6-28				Balto.	lid .	County/ (
25A.	DATE REC'D BY HEAL	H DEPT.	25B. NAME OF		25C. FUNERAL DIRECTO		THU.	ADDRESS
	JUN 2	3 1967	B 3 2 2	FarleyMa	Line and the same of the same	eral Home	1348	Calhoun
VS 1	50-REV. 1/1/65		100					

FUNERAL DIRECTOR: IMPORTANT



NAME OF DEC	CEASED			2. DA1	E AND HOUR OF DEAT	H
ypa ar	Tierio	Comore			-23-67	17 P.M.
PLACE OF DE	rie Lizzie	ARYLAND		4. USUAL RESIDENCE		institution: residence before admissio
CILL ALAMAS (SE 01 - 1 - 1 - Stud	t and the attent	T. A. P.	Virginia B. C	COUNTS	
HOSPITAL OR			give street		(If autside city limits, writ	e RURAL and give township)
INSTITUTION				Hague		1-43
)				D. STREET ADDRESS	(If rural, give location)	
Bolton :	Hill Nursing	Home		Rt. 1 Box	14	
SEX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Manths Doys Haurs Min.
Female	Negro	Marri		1-27-90	77	
	UPATION (Give kind of wo		BUSINESS OR INDUSTRY	11, BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
ine during mast at	working life, even if retired)			77.0		U.S.
FATHER'S NA	ME			Va .	INAME	
		,				
	ompson Ree		11 / 50 0111	Ann K	етта	ADDRESS
es, na ar unkna wi	Ever in U. S. Armed Fo	les of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No				Records, Bo	lton Hill Nur	sing Hom e
18.42	211		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION D	IRECTLY				
				S.C.V.D.		
(This does	nat mean the made a	f dvina. e.a				
heart failure,	nol mean the mode o asthenia, etc. Il meon	s the disease,	DUE TO	5 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
heart failure, injury at car	, asthenia, etc. II meon mplication which cause	s the disease, d death.)	DUE TO	t hemiplegia	& dvsphegia.	
heart failure, injury ar car	asthenia, elc. II meon mplicotion which cause ANTECEDENT CAUSE	s the disease, d death.) S	DUE TO	t hemiplegia	& dysphegia.	
heart failure, injury at car	, asthenia, etc. II meon mplicolion which cause ANTECEDENT CAUSE OR CONDITIONS, if	s the disease, d death.) S any, giving	B) Left			
heart failure, injury at car DISEASES	asthenia, elc. II meon mplicotion which cause ANTECEDENT CAUSE	s the disease, d death.) S any, giving	B) Left			
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DISEASES TISE TO THE SIGN TO THE LIDISEASE OR 19A-DATE OF CONTRIB DEATH (notification)	asthenia, etc. II mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (A) G CONDITION lost. IIIFICANT CONDITIONS DEATH BUT NOT RELECTION CAUSING FOPERATION 198. CONDITION CAUSING FOPERATION 198. CONDITION CAUSING TOPERATION CA	s the disease, d death.) S any, giving stating the CONTRIBUTING ATED TO TH 17. NOTION FOR V	DUE TO (B) Left DUE TO (C) GE WHICH OPERATION PLACE OF INJURY(e.g., iree, of lorm, foctory, street, of	20A. AUTOPSY? (Yes	or No) 208. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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DISEASES LISE IO THE RESIGN TO THE EDISEASE OR 19A-DATE OF CONTRIBE OF INJURY (APPROX.) 22. I certify that (1) (we and hour an 23A. SIGNAT (APROX.) 23C. PHYSICI. NAME (MARKET CONTRIBER	asthenia, etc. II mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (A) G CONDITION lost. IIIIFICANT CONDITIONS DEATH BUT NOT RELECTION CAUSING FOPERATION (AUSING FOPERATION) (198. CONDITION CAUSING CONDITION CAUSING (Month) (Day) (Year (Month) (Day) (Year (Month) (Day) (Year (Specify)) (Specify) (248. DATE (Specify) (248. DATE (Specify))	s the disease, d death.) S any, giving stating the CONTRIBUTING ATED TO TH 17. NOTION FOR V REFORMED 218. hom etc.) OHOUT 21E. White the sed of the death	DUE TO (B) Left DUE TO (C) (C) PLACE OF INJURY (e.g., in the control of the	20A. AUTOPSY? (Yes n or obout 21 C. WHERE C INJURY OCCU 21F. HOW Dil e	or No) 208. IF YES, WER IN CERTIFYING (DID (If in Bolling) 18? D INJURY OCCUR? 19	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exact location) 19 upinion death accurred on the d

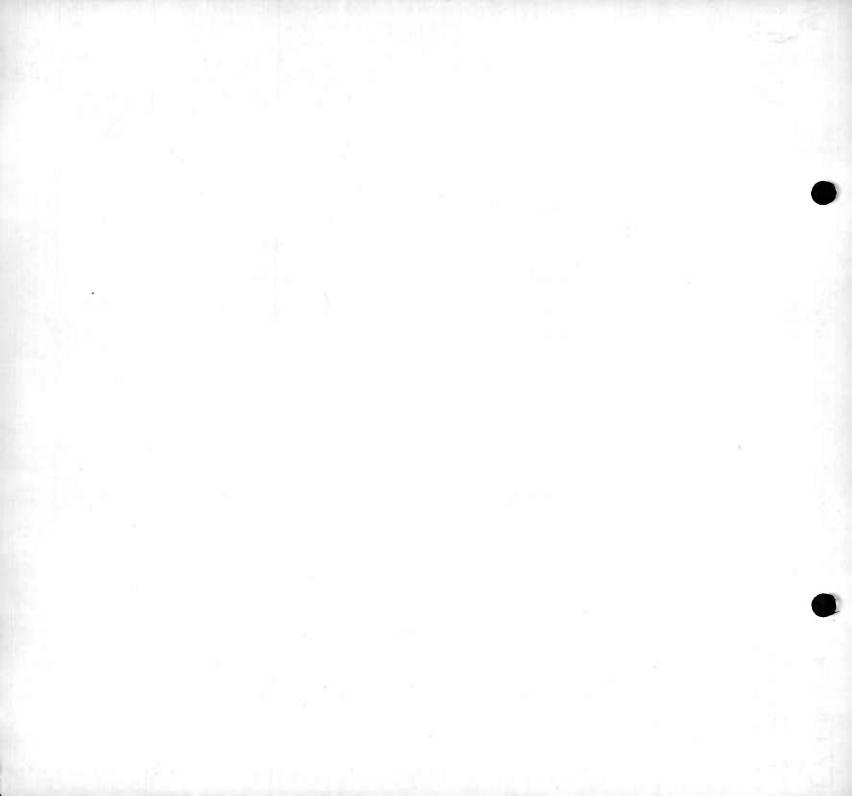
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F Brunt! Coll.

FUNERAL DIRECTOR:

	67 60	BALTIMORE CITY	HEALTH DEPARTMENT		67 6004
BIRT	TH NO. 67 6U	CERTIFICA	TE OF DEATH	Registered No	07 0034
M.I	E CASE NO.	,	2. DATE AN	D HOUR OF DEATH	11.00
	0:0 2 /	INSON	6/2	2/67	420 pm.
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	deceased lived. If insti	tutian: residence befare admission)
	FULL NAME OF (If not in haspital or institut	ion, give street	Md B	a/To	14-03
	HOSPITAL OR address or location) NSTITUTION		C. CITY OR TOWN (If out	side city limits, write RU	RAL and give township)
	31 //		D. STREET ADDRESS ALL	ural, give location)	
()	UnivERSity Hospi	101	0 000	UN QUE	
5. 5	EX 6. RACE 7. MAR	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
	/ I Degro	Seperated	9-12-09	6)	Widthin's Day's Hours Willia
	. USUAL OCCUPATION (Give kind of work 10 B, KIN e during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Odd Jobs		Ma		45A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE 11 +	,
	TSUAL ROBINSON		Maggie Do	2/10/	
15. (Ye	Wide Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war ar dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
	No		MARGARE	T KobiNSO.	N 1025 CAREY.
	18. 199.21	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	4	temorrhage		Man To
	(This does not mean the made of dying,	e.g., DUE TO	I CPIOI 1978 C	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	/ V W W W
	heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ase.	- Abress acre	'an/	24
	ANTECEDENT CAUSES	(B) QV	Obscess erosi		21905
	DISEASES OR CONDITIONS, if any, gi		1111		(uns?
	rise to the above cause (A) stating UNDERLYING CONDITION last.	The (C)	sbable Ca		0 1-103
	II				
ZO	OTHER SIGNIFICANT CONDITIONS CONTRIBL				
ATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	a ar about 21°C. WHERE DID	(If in Baltimore	City, give exact lacation)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, farm, factory, street, af	fice bldg., INJURY OCCUR?		,,
20	21D. TIME (Manth) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJI	JRY OCCUR?	
A	OF INJURY (APPROX.)	While At Not While	e		
	22. I certify that (I) (this haspital) attend	Work Al Work	1110	967 to 6	122 1967.
	that (I) (we) last saw the deceased alive	6/12	1 / ¬		on death occurred on the date
	and hour and fram the couses stated above	i.	- /	or in (my) (dor) opini	on dearn occurred on the dare
	23A. SIGNATURE	e. (1) (me) (did) (did id) v	new rife body offer death.	1	23B. DATE SIGNED
	James (&)	M.D. Atte	ending Med. Director	Staff Phy s.	6/22/67
1	23C. PHYSICIAN'S		23 D. ADDRESS	7 119 3. 92	
	NAME (Type) Joyes E.	Arnold M.D.	Univ. H	0511	
244		C. NAME of CEMETERY of CRE	MATORY 24D. LC	CATION (City,	, town, or county) (State)
1	BURIOI	M. Aukion	1/m. B	ALTO.	401
25/	A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	/	ADDRESS
	JUN 26 1967 P.O.	BE Farber MA	Kelsul Linear	1 Home 135	18 Colhour St.
VS	150-REV. 1/1/65			<u></u>	

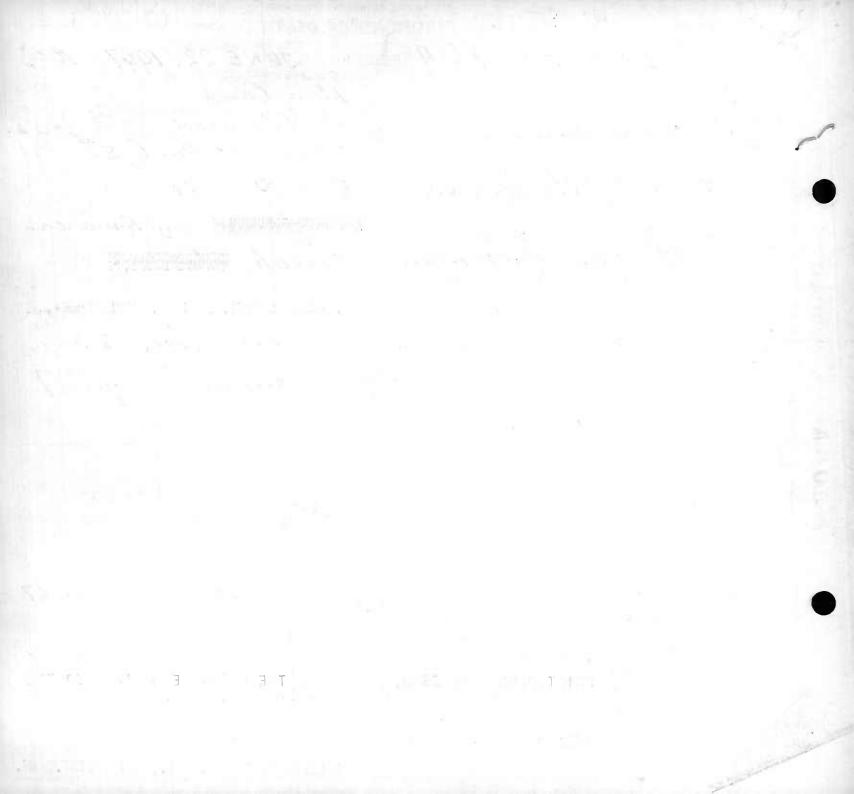


67 6095

M.E. CASE NO.						
1. NAME OF DECEASED	,	2. DATE AND HOUR PRONOUNCED DEAD				
FLORENCE LANDON		June 22, 1967 4:05 P. M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE	A. STATE	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITI O		s, while to the bill give to wiship			
		Baltimore				
Provident Hospital	D. STREET	D. STREET ADDRESS (If rurol, give locosion) 708 Newington Avenue				
5. SEX 6. RACE 7. MARRIED, NEVER MARK		BIRTH 9. AGE (In lost birthdo	yeors If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.			
Female Negro WIDOWED, DIVORCED(spi	12-	24-14 52				
IDA. USUAL OCCUPATION (Give kind of work OB. KIND OF BUSINESS Of done during most of working life, even if retired)	K INDUSTRITTE BIRTHPL	ACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	Md		U.S.A.			
13. FATHER'S NAME	14. MOTHE	'S MAIDEN NAME				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no grunknown).(If yes. give wor or dotes of service) SECURITY SECURITY	17. INFORM	ANT	ADDRESS			
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY		ge Landon 708	Morrington Arro			
118	CAUSE OF DEATH	~	INTERVAL BETWEEN			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER, WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING OR	ATION 20A. AU JURY (e.g., in or obout 2 ry, street, office bldg., It	1C. WHERE DID (If in Boltimore	VERE FINDINGS CONSIDERED G CAUSES OF DEATH? Yes			
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY (APPROX.) 6-22-67 3:25 Pen. WHILE AT WORK	NOT WHILE X	Pedestrian stru	ck by truck			
I certify that I held on Inquiry Inspection resulted from: Notural causes Accident X ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate,	Suicide Ho	and that on this bosis, decomicide Undetermined EF MEDICAL EXAMINER UT HT MEDICAL EXAMINER X TE MEDICAL EXAMINER UT				
23A. BURIAL CREMATION, PREMOVAL (Specify) Burial 6-27-67 Mt. Au	aburn Cemet		(City, town, or county) (Stote) Ore, Naryland ADDRESS			
JUN 2 6 1967	Kel		me 1348 Calhoun St			

DIRECTOR:

FUNERAL



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

Muer Me C

BIRTH NO. 67 600		TE OF DEATH	Registered Na.	67 6098
M.E. CASE NO.	00			
1. NAME OF DECEASED (Type or Print)			D HOUR OF DEATH	
MOLLIE W	OLFE	6-	22-67	2,30 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	0	4. USUAL RESIDENCE (When	e deceased lived. If institu	ution: residence before admission)
FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location)	ion, give street	1,00	altimore	
INSTITUTION		Baltimore	side city limits, write RUR	AL ond give lownship)
		D. STREET ADDRESS (If	rurol, give location)	12001
LEVINDALE AGED HOME		Levindale Hel	new Home & In	The state of the s
WIDO WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify) LVLL Married	B. DATE OF BIRTH 4-2-1896	9. AGE (In years In Note of the International Internationa	f Under 1 Yr. If Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 108, KIN)		11. BIRTHPLACE (State or forei	gn country)	2. CITIZEN OF
done during most of working life, even if retired)	Domestic	Baltim	ore Md.	WHAT COUNTRY?
13. FATHER'S NAME	Domestic	14. MOTHER'S MAIDEN NAM		0311
David Wolfe		Bessie	0	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servi	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	210 30-701	b		D U =
18. 201 XI	CAUSE O	F DEATH Hannah Se	nnitzer, 2715	B Hanson Avenue
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	10 Mal	ignant Lymb	homa	2 une
(This daes not meen the made of dying, heart failure, asthenia, etc., 11 means the dise	e.g., DUE TO	ignant Lymp ofdkin soveon	a type)	
injury ar camplication which caused death.)		0	11 /	
ANTECEDENT CAUSES	DUE TO	######################################	1 di diriri di 18 shi di shi di n n marsa man nam n at n n n n n a man man malira ordi marsa	
DISEASES OR CONDITIONS, if ony, gi	-			
rise to the obove cause (A) stoting UNDERLYING CONDITION lost.	the (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING				
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	DINGS CONSIDERED
WAS PERFORMED		No	IN CERTIFYING CAUSE	S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not While			
	Work At Work			
22. I certify that (I) (this hospital) attend	ed the deceased fram	11-20-1	19 6 de 10 6 -	- 27 19 67
that (1) (we) last saw the deceased alive	on 6-22-	19 6 7 and the	at in (my) (aur) apinia	n death accurred an the dat
and haur and fram the causes stated abov		1		
23A. SIGNATURE	er en tale tale tale tale	Tew The body direct deaths.	los	B, DATE SIGNED
16 dai2	M.D. Atte	nding Med. Director	Stoff 2	6-22-67
A LAGO	Phy		Stoff Phys.	
23C. PHYSICIAN'S NAME (Type) ARDAIZ	M.D.	5912 Cross Co	untry Blad	6-22-67 Baltimore, Ma
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LC	OCATION (City,	town, or county) (State)
	Me OF REGISTRAR		Baltimore, M	aryland
Build 6/23/67 25A. DATE REC'D BY HEALTH DEPT 25B. NAI	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		
The same of the sa	PEU G. ViGrisco Mil	Sol Levinson	& Bros. Inc.,	6014 Reist., Rd.
VS 150-REV. 1/1/65 Vi	, , , , , , , , , , , , , , , , , , , ,			

FUNERAL DIRECTOR:

VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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1 1025

M.D

24B, NAME OF REGISTRAR

23C. NAME of CEMETERY or CREMATORY

ASSOCIATE MEDICAL EXAMINER

24C. FUNERAL DIRECTOR

23D. LOCATION

6/24/67

(City, town, or county)

(State)

SIGNATURE

EXAMINER'S

NAME (Type)

DATE REC'D BY HEALTH DEPT.

23A BURIAL CREMATION,

REMOVAL (Specify)

VS 151-REV, 1/1/65

Werner U. Spitz

BIRTH NO. M.E. CASE NO.	CERTIFICATE OF DEA		67 610i
1. NAME OF DECEASED	1	TE AND HOUR OF DEATH	
MILLARD F. JOSEN, 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	HANS	"UNE 22 19	M. stitution: residence before odmission)
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE A. STATE B.	E (Where deceased lived/If ins COUNTY	stitution: residence before odmission)
FULL NAME OF (If not in hospital or institution, give		BALTO (If outside city limits, write R	
HOSPITAL OR oddress or location) INSTITUTION			URAL ond give township)
1	ESSE X D. STREET ADDRESS	/	3300
R1100 (174 1/05/			1
BALTO. CITY HOSP 5. SEX 6. RACE 7. MARRIED, NE	VER MARRIED B. DATE OF BIRTH	9. AGE (In years	The HUE
WIDQWED, D	IVORCED (specify)	(lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	RIED FEB 201	910 57	12. CITIZEN OF
done during most of working life, even if retired)	I BIRTHPLACE (STOTE	or foreign country)	WHAT COUNTRY?
SELF. EMPLOYED -	MD.		USA
13. FATHER'S NAME	14. MOTHER'S MAIDI	N NAME	
S-REDERICH W TOSE	WHIAMS	?	
SREDERICH W. JOSEI 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	SOCIAL 17. INFORMANT		ADDRESS
1/ N/ 1/	17 DZ. 17 DW DM DATIL	TASA	00-45
18:4 20. / I	17-03-1784 DOROTHY CAUSE OF DEATH	JESENHAN	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		1 -1 1	ONSET AND DEATH
LEADING TO DEATH	Myscarlial	infarction	June 22, 1967
(This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It meons the disease,	DUE TO		
injury or complication which coused death.)	Of Ton last	Connen	Do. 1411
ANTECEDENT CAUSES	(B) CONTROL OF CONTROL	- Garay	ase 1766
DISEASES OR CONDITIONS, if any, giving	(A) Myscarbial DUE TO (B) Arteriosclerst DUE TO (C) Keart coronary	1	1
rise to the obove cause (A) stoling the UNDERLYING CONDITION last.	(C) 1 cary 0	the wa	***************************************
	coronary	Mondons	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION 20 A. AUTOPSY? (Ye	or No. 208. IF YES, WERE F	INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF	OCE OF INJURY (e.g., in or obout 21 C. WHERE orm, foctory, street, office bldg., INJURY OCC	DID (If in Boltimore	City, give exact location)
DEATH (notify medical examiner)			
₩ OF INJURY		ID INJURY OCCUR?	
(APPROX) Work	Al Work	0	
22. I certify that (I) (this hospital) attended the a	deseased from July 7	1955 to	une 1967.
that (I) (we) last saw the deceased alive an	June 17 19 67	and that in (mv) (aut) anir	nian death accurred an the date
and haur and from the causes stated above. (1)			Journ deconted all the dole
23A, SIGNATURE	(ala nat) view the bady after a	eum.	23B, DATE SIGNED
Marke III	Med.	Stoff	aure 23 12
23C. PHYSICIAN'S	Phys. Director		1161
NAME (Type)	23D. ADDRESS		20 -
Charles M. Kerr, M.D.	M.D. 6801 Belai		
24A. BURIAL CREMATION, 24B. DATE 24C. NAMI REMOVAL (Specify)	of CEMETERY OF CREMATORY	24D. LOCATION (Cit	y, lown or county) (Stote)
BURIAL 6/26/67 MOR	ELANDS	BALTO. M	D'
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	EGISTBAR 25C. FUNERAL DIE	ECTOR	ADDRESS
WIN 2 6 1967 R. P 5 &	Janhan J.G. Go	OMNELLY SE	INS 300 MACE
VS 150-REV. 1/1/65		•	

MANUAL CONTRACTOR CONTRACTOR OF THE PARTY OF Mys a hist inferetion June ?? atempter covery in 100 lant duyen with

b e d w	NTH NO. E. CASE NO. 67 6102 CERTIFICA	ATE OF DEATH Registered No. 67 6102		
Sperior	NAME OF DECEASED IS			
death. Such	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A. STATE B. COUNTY		
to de	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTO. D. STREET ADDRESS (If rural, give location) 6/5 5. 0 LD HAM 5 T		
00	615 S. OLDHAM ST			
5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., If Under 24 Hrs. Months; Days Hours; Min,		
	A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRING during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
13	FLORIST .	14. MOTHER'S MAIDEN NAME		
	JOHN POST SR Was Deceased Eyer in U. S. Armed Forces? 16. SOCIAL	MARIE JAEGER		
1.5 (Y	. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of service) UNK SECURITY NO.	17. INFORMANT ADDRESS ERACE YOST ABOVE		
-	18. / 5 3 () CAUSE	OF DEATH INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)	randona of according 2 mo.		
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	Extensión a facerdag 2 mo.		
	ANTECEDENT CAUSES (B) DUE TO	mema, muce . I mo		
	DISEASES OR CONDITIONS, if any, giving			
14014	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
4 013144	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
	121A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	, in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?		
ē	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY While At Not We			
	22. I certify that (I) (this hospital) attended the deceased fram2			
	that (I) (we) last saw the deceased alive an	and that in(my) (our) opinion death accurred on the dat		
ŀ	and haur and fram the causes stated abave. (1) (Wall (did nat)			
		Attending Med. Stoff Phys. 23B, DATE SIGNED 23B, DATE SIGNED 23 Jun 67.		
	23C. PHYSICIAN'S NAME (Type) LLOS B. BRONHSHAS M.D M.D	230. ADDRESS D. 3037 O' DONNEIL St. BALTO. Md.		
2	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) (26/67 LOUDEN PA			
2	A DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	RIC BALTO. MD 25C. FUNERAL DIRECTOR D. J. G. COMRELLY 300 MACE		
L	JUN 2 6 1967 Rober E. talley Mill	J.G. COMBELLY 300 MACE		
V	3 150-REV. 1/1/65			

Jo B. Marchala de Jaga 67. No B Breausnes 800 3657 6 Burner St Fire

VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

Registered Na.

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THE STEEL STATE OF THE STATE OF

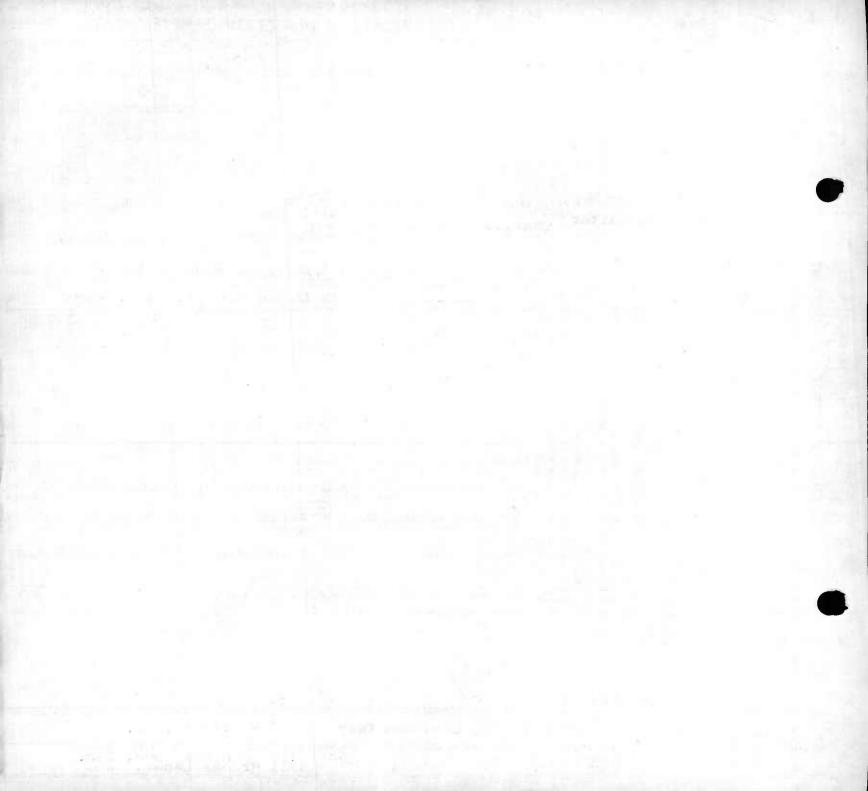
and Andrewson to be a second

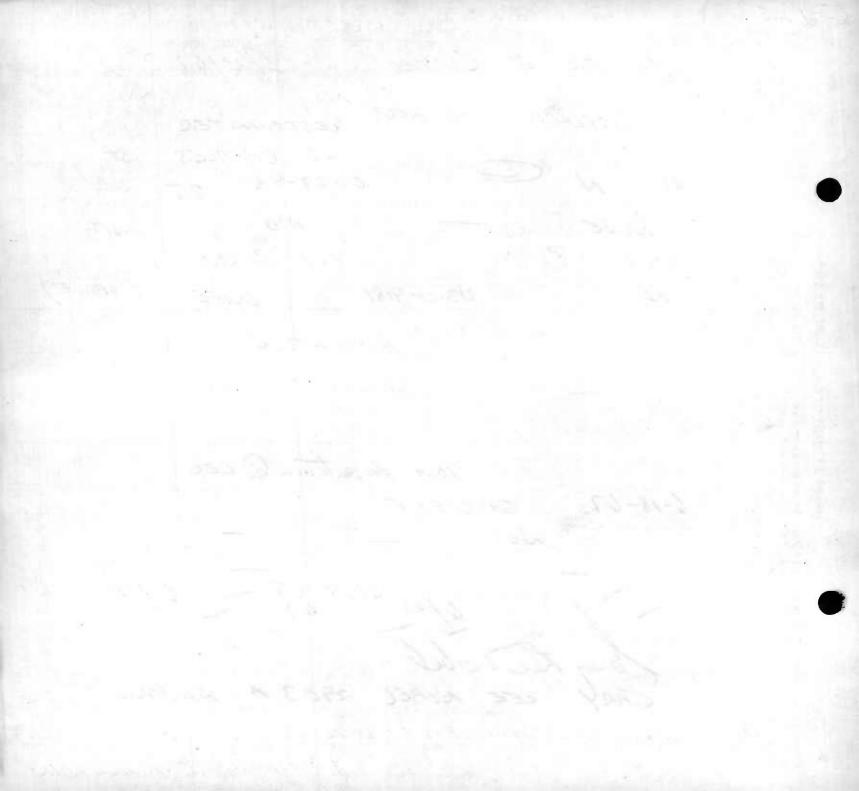
M.CALLER MINIST

Pulmonary Emphysoms

Drank Materie

VS 150-REV, 1/1/65



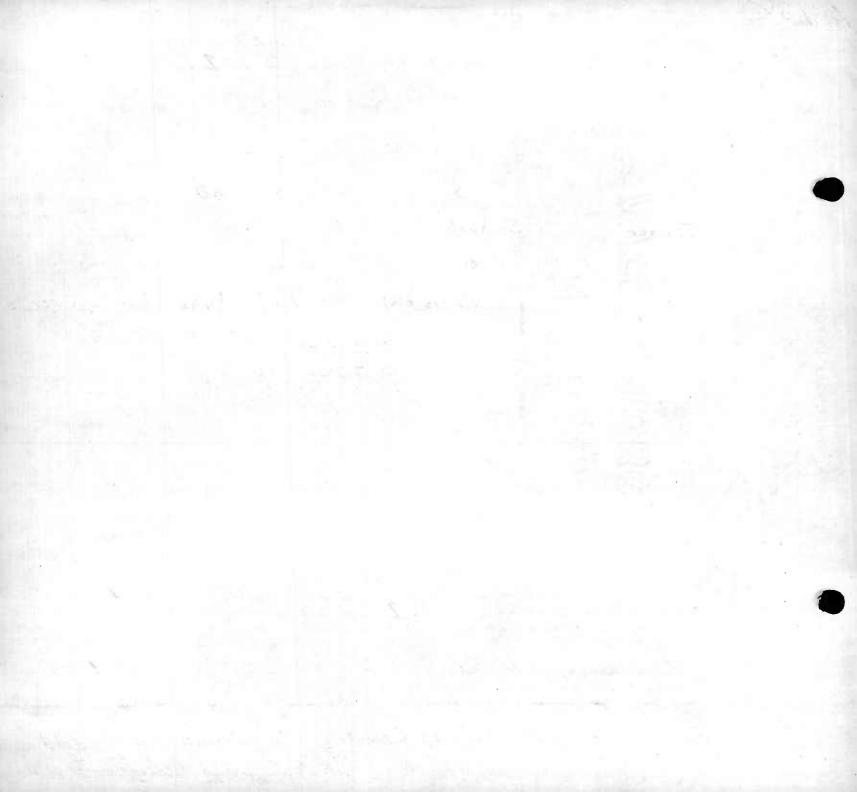


DIRECTOR:

FUNERAL

VS 150-REV. 1/1/85

BALTIMORE CITY HEALTH DEPARTMENT



DIRECTOR:

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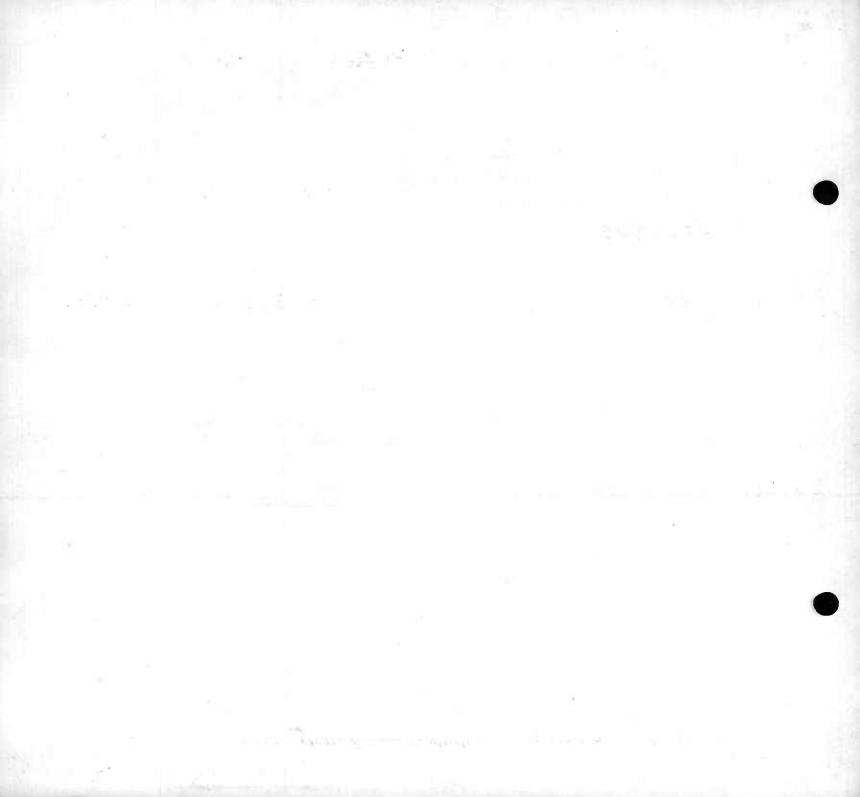
IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours



	TH NO.		110	CERTIFICA	Y HEALTH DE	DEATH	Registered	No. 67	61	10
1. N (Ty	E CASE NO.	CKER, ROSE				2. DATE A	ND HOUR OF DE		11:5	
3.	FULL NAME O HOSPITAL OR INSTITUTION	TH IN BALIMORE, MA	ar institution, given)	e street	A. STATE MAR	LAND TOWN (If o	ere deceosed lived. NTY utside city limits, w MARYLAN Frutol, give location	vrite RURAL	28.	-04
		le nace	T AA ABBURD AL				DSON AVE			
	F	6. RACE	WIDO	VED (specify)	8. DATE OF 4-28-	87	9. AGE (In years: last birthday) 78	Month	der 1 Yr. If s Days Hou	Under 24 Hrs.
t0A dan	USUAL OCCU e during most of v NON	JPATION (Give kind of work working life, even if retired)	10B, KIND OF B	JŠINESS OR INDUSTRY	MD	CE (State or for	eign country)	12. C	ITIZEN OF HAT COUNT	RY?
	FRANK A				14. MOTHER	'S MAIDEN NA	ME			
15. (Ye	Was Deceased s, na ar unknown	Ever in U. S. Armed For (If yes, give wor or dole	s of service)	Security No.	SAINT		HOSPITAL	WIL	ADDRESS KENS&C	ATON A
	heort foilure,	of mean the made of asthenia, etc. It means aptication which caused	the diseose,	DOE 10						
7	DISEASES Of the UNDERLYING	ANTECEDENT CAUSES OR CONDITIONS, if obove couse (A) G CONDITION last.	sloting the	DUE TO	4.5.C.l	·D co	nyouard dege	neral	ů.	
FICATION	DISEASES Orise to The UNDERLYING	OR CONDITIONS, if a obove couse (A) G CONDITION lost.	ONTRIBUTING	Paral	ylic-		o) 20B. IF YES, W	ERE FINDING	GS CONSIDER	
AL CERTIFIC	OTHER SIGNITO THE DIDISEASE OR TIPA. DATE OF OR CONTRIBU	OR CONDITIONS, if a obove couse (A) G CONDITION lost. FICANT CONDITIONS C EATH BUT NOT RELACED CONDITION CAUSING I	Sloting The ONTRIBUTING TED TO THE T. DITION FOR WH	Paral	ylic 20A. AUT	Cens OPSY? (Yes or N)	o) 208. IF YES, W IN CERTIFYING	ERE FINDING	GS CONSIDER	ED
CERTIFIC	OTHER SIGNITO THE DIDISEASE OR TIPA. DATE OF OR CONTRIBU	OR CONDITIONS, if a obove couse (A) G CONDITION lost. FICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING OPERATION 198. CON WAS PERI	ONTRIBUTING ITED TO THE T. DITION FOR WH FORMED 218. PL home, etc.)	Paral ICH OPERATION ACE OF INJURY (e.g., farm, factory, street, conjunction)	20A. AUT. NC in or obout 21C iffice bldg,, INJ	OPSY? (Yes or N) WHERE DID URY OCCUR?	o) 208. IF YES, W IN CERTIFYING	ERE FINDING	GS CONSIDER F DEATH?	ED
DICAL CERTIFIC	DISEASES OF STATE OF THE PROPERTY OF THE DISEASE OF STATE OF THE DISEASE OF	PR CONDITIONS, if a obove couse (A) obove couse (A) occurs of the conditions of the conditions of the condition of the condit	ONTRIBUTING TED TO THE T. DITION FOR WH PORMED (Hour) (Hour) 21E, IN While Work) attended the	Paral ICH OPERATION ACE OF INJURY (e.g., form, foctory, street, compared to the street of the stree	20A. AUT NC in or obout 21C iffice bldg., INJ 21F	OPSY? (Yes or N) WHERE DID URY OCCUR? HOW DID IN	JURY OCCUR?	ERE FINDING CAUSES Of timore City,	GS CONSIDER F DEATH? give exact loca	ED oficin)
DICAL CERTIFIC	DISEASES OF STATE OF THE PROPERTY OF THE DISEASE OF STATE OF THE DISEASE OF	PR CONDITIONS, if a obove couse (A) obove couse (A) occursed to the couse of the couse occursed to	ONTRIBUTING TED TO THE T. DITION FOR WH PORMED (Hour) (Hour) 21E, IN While Work) attended the	Paral ICH OPERATION ACE OF INJURY (e.g., form, foctory, street, c.) IJURY OCCURRED At Not Whith At Work deceased from	20A. AUT. NO in or obout 21C iffice bldg., INJ 21F IUNE 21	OPSY? (Yes or N) WHERE DID URY OCCUR? HOW DID IN	JURY OCCUR?	ERE FINDING CAUSES Of timore City, of the control o	GS CONSIDER F DEATH? give exact loca	ED oficin)
MEDICAL CERTIFIC	DISEASES OF TISE TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TISEASE OF TISEAS	PR CONDITIONS, if a obove couse (A) obove couse (A) occupied to the couse (A) occupied to the couse (A) occupied to the couse of the couse occupied to the	ONTRIBUTING TED TO THE T. DITION FOR WH PORMED (Hour) (Hour) 21E, IN While Work) attended the	Paral ICH OPERATION ACE OF INJURY (e.g., form, foctory, street, continued of the street, conti	20A. AUT 20A. AUT 10 11 12 15 16 17 18 19 19 19 10 10 10 10 10 10 10	Dersy (Yes or N) WHERE DID URY OCCUR? . HOW DID IN Ond to the death. Med. Director Agn es	JURY OCCUR? 19 67 ta J hat in(my) (aur)	UNF 2 oplnian de	GS CONSIDER F DEATH? give exact loca ath accurre	ED ofice)

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death: was in regular attendance on the At deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
•	f death occur ct or contrib) Undetermin	was in regulding deceased he deceased
FUNERAL DIRECTOR: IMPORTANT	Iso, if the dire of any kind; (4	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to deceased prior to deceased prior to written approval must be obtained before the remains are embalmed or final disposition is made.
IRECTOR: I	l examiner. A (3) A fracture	an who pronc in regular a
FUNERAL D	by a medica by a medica 2) Body burns,	physician was
•	approved by the to the hospital fany nature; (I (except when); and (6) No
	tase must be true ras released the accident of	at a hospita rior to death
	This certification the body w	was D.O.A.

MATTER AND I TO THE TOTAL TOTA	BALTIMORE CITY		67 6114
BIRTH NO. 17-13228 67 611	CERTIFICA	TE OF DEATH Registered	No. U OJ.
Type of Pont) . 1	•	2. DATE AND HOUR OF D	
HAMMONDS BARY	Boy	JUNE 3	23 67 10 35 de Postitution: residence before odmiss
S. PLACE OF DEATH IN BALTIMORE, MARTLAND		A. STATE B. COUNTY	day distilution: residence before odmiss
FULL NAME OF (If not in hospital or institu	ution, give street	C. CITY OF TOWN (If outside city limits,	dalls
INSTITUTION			write RURAL and give township)
Unio OF MARYLAND	HOSPITAL	BALTIMORE D. STREET ADDRESS (If rurol, give location	on)
	7,041.44.6	1925 Hillside	10v.
	RRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year	s If Under 1 Yr. If Under 24 Months Doys Hours Mi
M CAUC. WID	OWED, DIVORCED (specify)	6-22-67 lost birthdoy)	Woning Doys Hours Wil
DA. USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if refired)		MARYLAND	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	usit
RAY HAMMONDS		BARBARA	
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(es, no or unknown) (If yes, give wor or dates of ser	vice) SECURITY NO.	CHART	
110	CALISE	DF DEATH	INTERVAL BETWEEN
18. 3 2 0 X I			ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	· fen	sion premuotheray	
(This does not mean the mode of dying,	4.9.,	7,000	
heart failure, osthenio, etc. 11 means the dis injury or complication which caused death.)			
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if ony,	giving		
rise to the obove cause (A) stating UNDERLYING CONDITION lost.	the (C)		
II			
OTHER SIGNIFICANT CONDITIONS CONTRIB			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED
			G CAUSES OF DEATH!
	OLD DI ACE OF MILLIAM	WHERE DID	
21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., hame, form, factary, street,	in or obout 21C. WHERE DID (If in E	altimore City, give exact lacation)
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, form, factary, street, etc.)	in or obout 21C. WHERE DID (If in E office bldg. INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	hame, form, factory, street, etc.) 21 E. INJURY OCCURRED	in or obout 21C. WHERE DID office bldg. INJURY OCCUR? (If in E	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21D. TIME (Month) (Day) (Yeor) (Haur) OF INJURY (APPROX.)	hame, form, factory, street, det.,) 21E, INJURY OCCURRED While At Not White At Wark	in or obout 21C. WHERE DID (If in B office bldg, INJURY OCCUR?	altimore City, give exact lacatian)
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21D. TIME (Month) (Day) (Yeor) (Haur)	hame, form, factory, street, det.,) 21E, INJURY OCCURRED While At Not White At Wark	in or obout 21C. WHERE DID (If in B office bldg, INJURY OCCUR?	altimore City, give exact lacatian)
21A. ACCIDENT WAS UNDERLYING DEATH (notify medical exominer) DEATH (notify medical exominer) 21D. TIME (Month) (Day) (Yeor) (Haur) OF INJURY (APPROX.) 22. I certify that (this hospital) attention	hame, form, factory, street, detc.) 21E, INJURY OCCURRED While At Not White At Wark ded the deceased from	in or obout 21C. WHERE DID (If in E) office bldg. INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	altimore City, give exact lacation)
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21D. TIME (Month) (Day) (Yeor) (Haurl OF INJURY (APPROX.) 22. I certify that (this hospital) attention that (we) last sow the deceased alive	hame, form, factory, street, detc.) 21E, INJURY OCCURRED While At Not White At Wark ded the deceased from	in or obout 21C. WHERE DID office bldg, INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ile 6 - 2 - 19 62 to 19 6 7 and that in 6 (ou	altimore City, give exact lacation)
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21D. TIME (Month) (Day) (Yeor) (Haur) OF INJURY (APPROX.) 22. I certify that (this hospital) attenthat (we) last sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE	hame, form, factory, street, detc.) 21E INJURY OCCURRED While At Not White At Wark ded the deceased from	in or obout 21C. WHERE DID office bldg, INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ile 6 - 2 - 19 62 to 19 6 7 and that in 6 (ou	altimore City, give exact lacation)
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21D. TIME (Month) (Day) (Yeor) (Haur) 21D. TIME (Month) (Day) (Yeor) (Haur) 22. I certify that (this hospital) attenthat (we) last sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE	hame, form, factory, street, detc.) 21E INJURY OCCURRED While At Not White At Wark ded the deceased from	in or obout 21C. WHERE DID office bldg. INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ile	altimore City, give exact lacation) C - 2 3 19 6 r) opinion death occurred on the
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21D. TIME (Month) (Day) (Yeor) (Haur) 21D. TIME (Month) (Day) (Yeor) (Haur) 22. I certify that (this hospital) attenthat (we) last sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE	hame, form, factory, street, detc.) 21E INJURY OCCURRED While At Not White At Wark ded the deceased from	in or obout 21C. WHERE DID office bldg, INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ile 6 - 2 - 19 62 to 19 6 7 and that in 6 (ou	altimore City, give exact lacation) C - 2 3 19 6 r) opinion death occurred on the
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21D. TIME (Month) (Day) (Yeor) (Haur) 21D. TIME (Month) (Day) (Yeor) (Haur) 22. I certify that (this hospital) attenthat (we) last sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE	hame, form, factory, street, detc.) 21E INJURY OCCURRED While At Not White At Wark ded the deceased from	in or obout 21C. WHERE DID office bldg. INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	altimore City, give exact lacation) C - 2 3 19 6 r) opinion death occurred on the
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21D. TIME (Month) (Day) (Yeor) (Haur) OF INJURY (APPROX.) 22. I certify that (this hospital) attenthat (we) last sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, 124B. DATE	hame, form, factory, street, detc.) 21E, INJURY OCCURRED While At Not White At Wark ded the deceased from	in or obout 21C. WHERE DID office bldg. INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 67 to	altimore City, give exact lacation) C-23 196 r) opinion death occurred on the 238, DATE SIGNED 6-23-67
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21D. TIME (Month) (Day) (Yeor) (Haur) 21D. TIME (Month) (Day) (Yeor) (Haur) 22. I certify that (this hospital) attended that (we) last sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE	hame, form, factory, street, detc.) 21E, INJURY OCCURRED While At Not White At Wark ded the deceased from	in or obout 21C. WHERE DID office bidg. INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ile	altimore City, give exact lacation) C - 23 196 Ir) opinion death occurred on the 238, DATE SIGNED 6 - 23-67 (City, town, ar county) (Sto
DEATH (notify medical exominer) 21D. TIME (Month) (Day) (Year) (Hauri Of INJURY) (APPROX.) 22. I certify that (this hospital) attention that (we) last sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial	hame, form, factory, street, detc.) 21E. INJURY OCCURRED While At Not White At Wark ded the deceased from	in or obout 21C. WHERE DID office bidg. INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ile	altimore City, give exact lacation) C - 23 196 To opinion death occurred on the 23B, DATE SIGNED 6 - 23 - 67 (City, town, ar county) (Sto
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21D. TIME (Month) (Day) (Yeor) (Haur) OF INJURY (APPROX.) 22. I certify that (this haspital) attenthat (we) last sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) M.B. KEEL 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE 25C. PHYSICIAN'S NAME (Type) M.B. KEEL 26/26/67	hame, form, factory, street, detc.) 21E, INJURY OCCURRED While At Not White At Wark ded the deceased from	in or obout 21C. WHERE DID office bidg. INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ile	altimore City, give exact lacation) C-23 196 Ir) opinion death occurred on the 23B, DATE SIGNED 6-23-67 (City, town, ar county) (Sto

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BALTIMORE CITY HEALTH DEPARTMENT

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2, DATE AND HOUR OF DEATH (Type or Print) June 22, 1967 9:50 P M. FOWLER, Charles Henry Jr. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)
STATE
B, COUNTY Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or lacation) C. CITY OR TOWN (If outside city limits, write RURAL and give town hip) JNSTITUTION Veterans Administration Hospital Baltimore D. STREET ADDRESS (If rural, give location) 3900 Loch Raven Boulevard h6 Hillvale Road Baltimore, Maryland 21218 5. SEX MARRIED, NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours i Min. Hours WIDOWED, DIVORCED (specify) lost bighday) 6/20/22 White Married 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired; U.S. Postal Service Baltimore, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME Charles H. Fowler, Sr. Gladis Riley 15. Was Deceased Ever in U. S. Armed Forces? Mrs. Chas. H. Fewler-46 Hillvale Rd. 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 216-12-0540 VA Hospital, Baltimore. Maryland 7/26/山 Yes 1B. / INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Multiple myocardial infarctions 1 hr to 14 days (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It meons the diseose, injury or complication which caused death.) (B) Diabetes mellitus, juvenile 20 years ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving (C) Paroxysmal ventricle tachycardia 2 months rise to the obave cause (A) stating the UNDERLYING CONDITION lost. П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ũ 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION WAS PERFORMED Yes 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? $\overline{\circ}$ 21 A. ACCIDENT WAS UNDERLYING (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined MEDI (Month) (Oov) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While ((APPROX.) Work At Work June 1st June 22nd 22. I certify that (1) (this hospital) attended the deceased from 19 67 June 22nd that (V (we) last sow the deceased alive on, and that in my) (aur) apinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATUR 23 B. DATE SIGNED Attending Med. M.D June 23, 1967 Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Veterans Administration Hospital ALLEN D. JOHNSON Ioch Raven Blvd., Balto., Md. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 0 REMOVAL (Specify written 6/26/67 Baltimore National Cem. Baltimore, Md. Burial 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR ADDRESS

VS 150-REV. 1/1/65

Witzke F. D. - 4101 Edmondson Ave.

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BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.					
I. NAME OF DE	CEASED			2. DATE AND HOUR PRONOUNC	ED DEAD
CHARLES		KRONEBERGER		June 24, 1967	12:35 A.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDA. STATE Marylan	DENCE (Where deceased lived, If inst	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET ATION)		WN (If outside corporate limits, write	RURAL ond give township)
			Baltimo		20-01
MERCY H	OSPITAL (DOA)			Fayette Street	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRT	lost birthdoy)	If Under 1 Yr, If Under 24 H Months Doys Hours Min
Male	White	Widowed klob kind of business or industr	11/27		12 61717511 05
	working life, even if retired)	RIOR WIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	A E		Virgi		USA
S, FAIRER 3 NAP	VIE.		14. MOTHER'S IV	NAME	
15 WAS DECTAS	ED EVER IN HE ARLIES	11/ 50 GIAL	17 INFORM ::		ADDRESS
	ED EVER IN U.S. ARMED	es of service) SECURITY NO.	Mrs. C	hristina Wise	ADDRESS
yes	WW I	219-18-2770		Exeter St 21202	
1B.	0 4.	CAUS	E OF DEATH		INTERVAL BETWEEN
DISEA	I ASE OR CONDITION DI	DECTI V			ONSET AND DEATH
DISEA	LEADING TO DEATH		oscleroti	c Cardiovascular Di	isease
(This does	not meon the mode of	dying, e.g., Dile to	.000101011		
injury or co	emplication which coused	death.)			
	ANTECEDENT · CAUSE	,			
	OR CONDITIONS, IF A				
RISE TO TH	TE ABOVE CAUSE (A) S NG CONDITION LAST.	TATING THE			
	NO CONDITION LAST.	(C)	= vi+0 === == = = +0 === = = = = = = = = = =		
2	- 11				
O THE	ENIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO THE			
19A. DATE O		IDITION FOR WHICH OPERATION	20A. AUTOPS	(? (Yes or No) 20B. IF YES, WERE FII	
-1	AL CALLSE WAS	less by a co Co Manager	No		
O UNDERLYING	OR CONTRIB- USE OF DEATH.	21 B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	office bldg., INJUR	WHERE DID (If in Boltimore City, gi Y OCCUR?	ve exact location)
Z 21D TIME	(Month) (Doy) (Yeo	r) (Hour) 21E. INJURY OCCURRED	21F. H	OW DID INJURY OCCUR?	
OF INJURY (APPROX.)		WHILE AT NOT	WHILE		
		m. WORK AT V	VORK L		
22.	rtify that I held an I	Inquiry Inspection X Au	otapsy an	d that an this basis, death in n	ny opinian
rasu	Ited from: Natural ca	uses X Accident Suicio	de Hamic	ide Undetermined manne	
1030	Tree from training co	Accident Solicit			" 🗀
ACTUA	L MILLE	0155		EDICAL EXAMINER	DATE SIGNED
SIGNAT	TIRE THE	M. E		EDICAL EXAMINER X	6121.167
EXAMII NAME ((Туре)	U. Sp8tz, M.D.	ASSOCIATE A	AEDICAL EXAMINER	6/24/67
23A, BURIAL CRE REMOVAL (Special		23C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION (City,	town, or county) (Stote)
Burial	6/28/	/67 Baltimore	National C	em. Baltimore,	Ma.
	BY HEALTH DEPT,	248, NAME OF REGISTRAR		AL DIRECTOR	ADDRESS
	JUN 26 1967	Robert E. FarkyMA		ke F. B4101 Edm	
VS 151-REV. 1/1.	/65		-1 - 1 - 1	8 3	

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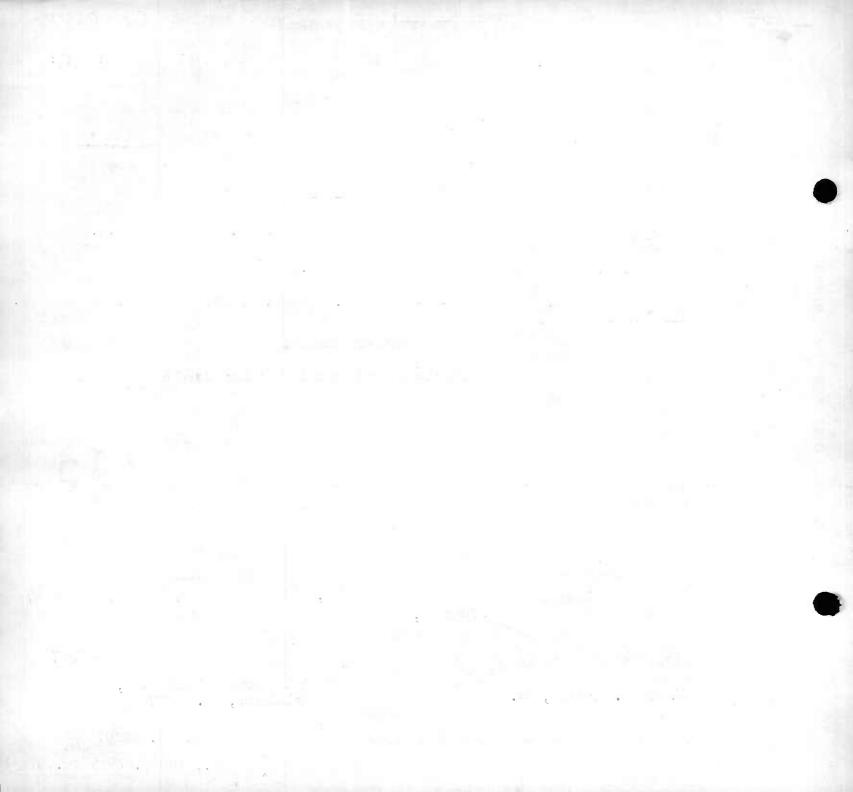
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M.E. 1. N (Typ) 3. P F H 11 5. S	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	(JOHN LOUIS KOHLHEPP) 2 4 4. USUAL RESIDENCE (Where B. COUNTY A. STATE B. COUNTY C. CITY OR TOWN (If outside Baltimore D. STREET ADDRESS (If run 2746 N. Calv.) VER MARRIED B. DATE OF BIRTH 19.	de city limits, write RURAL and give township)
1. N (Typ) 3. P F H 10A done	PLACE OF DECEASED PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION SEX Male 6. RACE White 7. MARRIED, NEW WIDQWED, DI LUCULUM USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	(JOHN LOUIS KOHLHEPP) 2 4 4. USUAL RESIDENCE (Where B. COUNTY A. STATE B. COUNTY C. CITY OR TOWN (If outside Baltimore D. STREET ADDRESS (If run 2746 N. Calv.) VER MARRIED B. DATE OF BIRTH 19.	Julio 67 850 PM deceosed lived. If institution: residence before admission) 12-03 de city limits, write RURAL and give township)
5. S	FULL NAME OF HOSPITAL OR oddress or locotion) MERCY HOSPITAL SEX Male 6. RACE White 7. MARRIED, NEW WIDOWED, DI LUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	A. STATE B. COUNTY C. CITY OR TOWN (If outside Baltimore D. STREET ADDRESS (If run 2746 N. Calv VER MARRIED B. DATE OF BIRTH 19.	de city limits, write RURAL and give township)
5. S	SEX Male 6. RACE White 7. MARRIED, NEW WIDOWED, DI	C. CITY OR TOWN (If outside Baltimore D. STREET ADDRESS (If rure 2746 N. Calvery MARRIED B. DATE OF BIRTH 19.	
done	SEX Male 6. RACE White 7. MARRIED, NEV WIDQWED, DI LUSURA U	D. STREET ADDRESS (If run 2746 N. Calv VER MARRIED B. DATE OF BIRTH 19.	
10A.	SEX Male 6. RACE White 7. MARRIED, NEV WIDQWED, DI LUSURA U	2746 N. Calv	
)A.	Cou WIDOWED, DI LESSEN USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	VER MARRIED B. DATE OF BIRTH 9.	er. Street
la.		want d 11 Sept. 1887	AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	ne during most of working life, even if retired)	4	WHAT COUNTRY?
	BOOKKEEPER ROOFING	G CO. Baltimore,	Md USA
_			
15.		Altimore) Katharine Voi	,
Yes		SECURITY NO.	pp,2746 N.Calvert St.,Balt
	18.5	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	P 4 5 11 12 200 1 14	
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. 11 means the disease,	DUE TO PREVINENTA	3 0000
	injury ar camplicotian which caused death.)		
	ANTECEDENT CAUSES	(B) pulmonay Empl	3 2 3 4 4
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(C)	
ATION	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Arterioscleratic Heart	DISEASE
FICA.	DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 19.B. CONDITION FOR WHICH WAS PERFORMED	CH OPERATION 20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERTIFIC	21A ACCIDENT WAS UNDERLYING 21P BLA	7 8 5	(If in Boltimore City, give exact location)
	OP CONTRIBUTING CAUSE OF	ACE OF INJURY (e.g., in or obout 21 C. WHERE DID form, foctory, street, office bldg., INJURY OCCUR?	the model and the control of the con
MEDICAL	21D. TIME (Month) (Doy) (Year) IHour) 21E. INJ	JURY OCCURRED 21F. HOW DID INJUR	RY OCCUR?
	(APPROX.) Work	At Work	
	22. I certify that (I) (this hospital) attended the d	1	67 to July 24 19 67
	ond hour and from the couses stoted obave. (1) (W	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	in(my) (our)-opinion deoth occurred on the dote
	23A. SIGNATURE	(did) (tere not.) View the bady after death.	23B. DATE SIGNED
	Richard R Babb	Allending Med. St. Director Phys.	off 24 July 67
	23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS M.D.	
24A	A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	E of CEMETERY of CREMATORY 24D. LOC	CATION (City, town, or county) (Stote)
	Burial 6/28/67 NI	EW CATHEDRAL Bal	timon, Maryland
25A	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF A	REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	AA.	en Co., 108 W.North Av., Ci

Con mount of the contract of t FIRE IS NOT THE WATER The same players presently April 1 man to Many Distase Richard K Babb MD

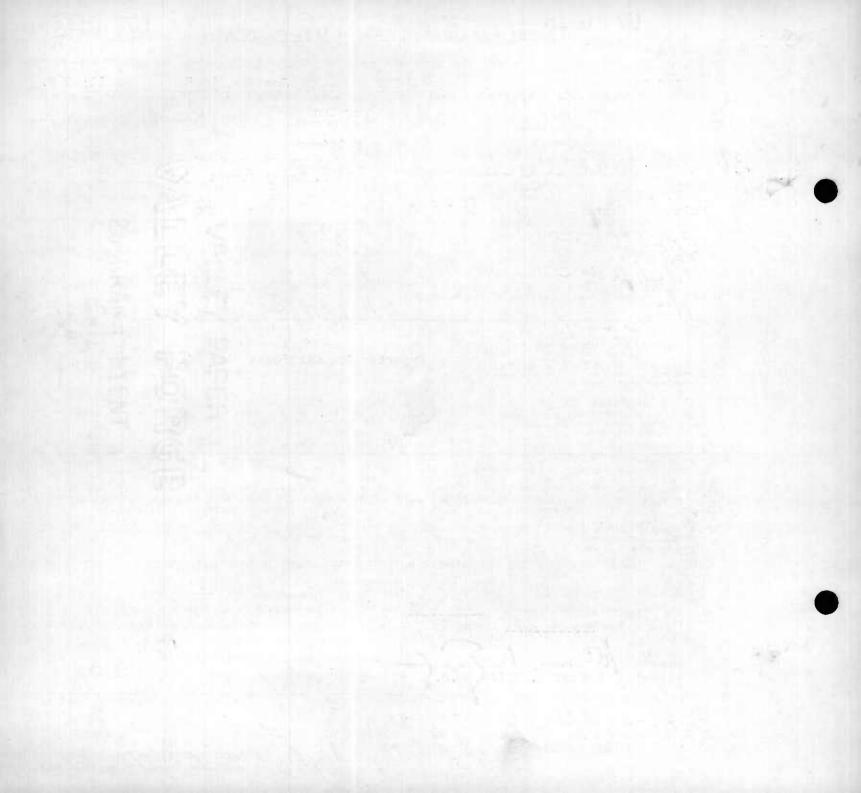
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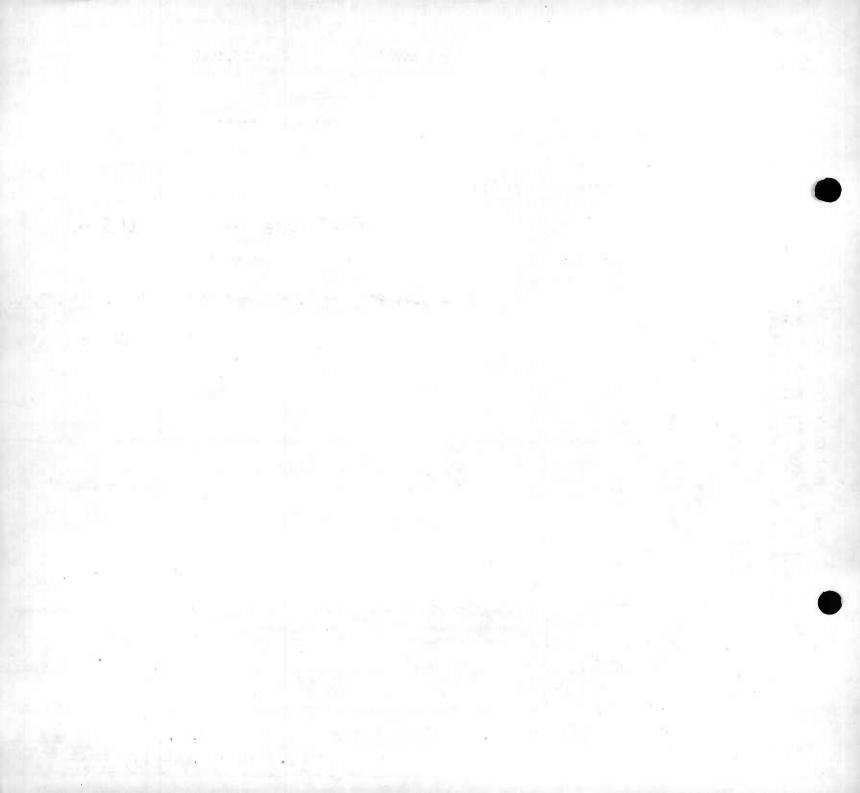
67 6118 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 6118

M.E. CASE NO.				2, (111)	
1. NAME OF DECEASED			2. DATE AND	HOUR PRONOUNC	ED DEAD
RICHARD	SMITH			24, 1967	11:25 P. _{M.}
3. PLACE IN BALTIMORE, MARYLAND, W FULL NAME OF HOSPITAL OR ADDRESS OR LOCA INSTITUTION 916 E. Eager Street	AL OR INSTITUTION, GIVE STREET TION)	Maryland c. city or tow Baltimo D. street ADDR	/N (If outside TE ESS (If rurol,	give location)	RURAL and give township)
5. SEX 6. RACE Male Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
to A. USUAL OCCUPATION (Give kind of work done during most of work as the, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	Ma	1		12. CITIZEN OF WHAT COUNTRY?
RICHARD D.	Smith	MARIA	ON/	Thomas	5
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no grunknown) (If yes, give wor or dote		HE/FN	15m	Th 916	E-EAGET S
DISEASE OR CONDITION DISEASE OR CONDITION DISEASE OR CONDITION DISEASE OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) STUNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REID DISEASE OR CONDITION CAUSING WAS PERIOD.	dying e.g., the disease, deoth.) NY, GIVING CATING THE (C)	tensive Ca	rdiovas	cular Disea	se
DISEASE OR CONDITION CAUSING 19A, DATE OF OPERATION 19B, CON WAS PER	DITION FOR WHICH OPERATION	20 A. AUTOPSY?	Yes or No)	20B, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21C. Wooffice bldg., INJURY	HERE DID (If in Boltimore City, gi	ve exoct locotion)
21D TIME (Month) (Doy) (Year OF INJURY (APPROX.)		WHILE	DENI DID MO	RY OCCUR?	
22. I certify that I held on I	nquiry Inspection X Au	topsy ond	thot on thi	s bosis, deoth in r	ny opinion
ACTUAL SIGNATURE EXAMINER'S Werner NAME (Type)	U. Spitz M.D.		EDICAL EX		DATE SIGNED 6/25/67
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) BURIAL (Specify) 6/28	167 MT. Cali	or CREMATORY	23 D. Le	· Q. Cou	inty, msd (stote)
JUN 26 1967	248 NAME OF REGISTRAR	C. FUNER	L G.	North.	ADDRESS (Entra



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0+	OS e d	13.	FATHER'S NAM
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FUNERAL DIRECTOR: IMPORTANT he chief medical examiner or his assistant by a medical examiner. Also, if the dire	any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the ; and (6) No physician was in regular attendance on the deceased prior to death. Such a obtained before the remains are embalmed or final disposition is made.	15.	
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die L	N X	MEDICAL CERTIFICATION	OTHER SIGNIFI TO THE DE DISEASE OR CO
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m o c	A Cic	0	19A. DATE OF
ZEO	he he	=	(1)
D 00	hy t	1	21A. ACCIDEN
F 5	2000	-	OR CONTRIBUT
7.0	P P	O	DEATH (notify
0.0	5 3 D	0	21 D. TIME
P O	1 C P E	8	(APPROX.)
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151	ident of nospital death) must be		77
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0 7	2 2		23C. PHYSICIAN NAME (Ty
at	r pir		NAMELLY
≯	AGG		
Ē	500 B	24A	REMOVAL (SE
his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must b		Burial
S 4	S S	25A	
This	4 3 9 3		
	0, 20 /		

A.E. CASE NO.	CEASED		CERTIFICA	IL OI D		D HOUR OF DEAT	. 67 6119
NAME OF DE	Stella	a :	Sypniewski			25,1967	IH
. PLACE OF DE	EATH IN BALTIMORE, MA	RYLAND		A. STATE	B. COUN	e deceased lived. II	f institution: residence before admiss
FULL NAME OF HOSPITAL OR			give street		OWN (If out		te RURAL and give township)
)	At Home 502 Sc	outh Mo	ntford Ave	D. STREET AD	DRESS (If	21224 rurol, give locotion) tford Ave	
. sex Female	6. RACE White	WIDOWE	, NEVER MARRIED D, DIVORCED (specify)	6. DATE OF BIE	RTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
OA. USUAL OCC		Sing	F BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or forei		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	AAE			BAL 1.	MORE,		U.S.A.
5. Wos Deceose	Sypniewski d Ever in U. S. Armed For		1 6. SOCIAL	Anton:	ina Byl	KOWSK1	ADDRESS
fes, no or unknow	(If yes, give wor or dote	s of service)	SECURITY NO.			relat 2/07	500 THE
18.	1 1 1		CAUSE 0	F DEATH	o . Mellikol	TAGH JAU!	Louth Rd. Balto, 22,
DISEA	ASE OR CONDITION DIR	RECTLY	(A) of	unelevat	1. 11	7	ONSET AND DEATH
/This dees	LEADING TO DEATH	duing og	Clive	uneby	cu		4 Tyll
heart failure	nat mean the made of , aslhenia, etc. It means	the disease					/ /
injury ar ca	mplication which caused	deam./					,
(ANTECEDENT CALISES		(B)				
DISFASES	ANTECEDENT CAUSES	anv aivina	DUE TO				***************************************
rise ta tl	OR CONDITIONS, if he abave cause (A)						
rise ta tl	OR CONDITIONS, if the abave cause (A) IG CONDITION last.						
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OTHER SIGN TO THE I DISEASE OF	OR CONDITIONS, if the abave cause (A) IG CONDITION last.	Slating the	is Audure o	freez K	Orsea	il_	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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or there sign to the sign to t	OR CONDITIONS, if he abave cause (A) is condition last. II SIFICANT CONDITIONS CONDEATH BUT NOT RELATE CONDITION CAUSING I OF OPERATION 198. CON WAS PERIOD (Month) (Doy) (Yeor) What (I) (his hospital points) is sow the decease and from the couses stated the couse stated in the couses stated in the couse stated in the	Slating the Slatin	WHICH OPERATION B. PLACE OF INJURY (e.g., ime, form, foctory, street, or indicated by the deceased from the deceased fr	204 AUTOP 204 AUTOP 21C. V Since bldg., INJUS 21F. H 21F. H 21F. H 22F. H 23D. ADDRESS EMATORY EMATORY 22SC. FUNER	WHERE DID RY OCCUR? IOW DID INJ ond the ofter deoth. Med. Director 24D. L. Ba.	208. IF YES, WEI IN CERTIFYING (If in Boltin URY OCCUR? 19	opinian death occurred on the



H 420 BIRTH NO. 67 6120 BALTIMORE CITY HEALTH DEPARTMENT 67 6120 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 6120

MA E CASE NO	MILDI	ICAL LA	MMINIATE O CI	LKIIIICA	IL OI	DEATH Regist		100
M.E. CASE NO.	CEASED				2. DATE AN	D HOUR PRONOUN	CED DEAD	
(Type or Print)	m		HELOWICZ	7		24, 1967		10:30 p. _M
JOSEPH 3. PLACE IN BALL	IMORE, MARYLAND, W	HERE PRONO		4. USUAL RESID	ENCE (Where		stitution: resi	dence before odmission.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION)	JTION, GIVE STREET	Mary		le corporote limits, wri	te RURAL or	nd give township)
61 1		1 /204	`	Baltin				
Church	n Home Hospit	ai (DOA)	D. STREET ADDI	ough St			
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years	If Under	1 Yr. If Under 24 Hrs
Male	White	Singl	DIVORCED (specify)	3/10/19	18	10st birthdoy)	Months	Doys Hours Min.
	JPATION (Give kind of work working life, even if retired)		F BUSINESS OR INDUSTRY			gn country)	12. CITIZ	EN OF
done during most of	working life, even if refired;			Baltimo	re.Md.			J.S.A.
13. FATHER'S NAM				14. MOTHER'S M	AIDEN NAM	E		
	Michael Helo				na Wlod	arczyk		
	D EVER IN U.S. ARMED (If yes, give wor or dote		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	S
			217-05-2063	Miss. Ann	a Helow	ricz 1903 Go	ough St	creet
1B.	40		CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
UN DERLYII	E ABOVE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	CONTRIBUTII	(C)					_
19A. DATE OF	OPERATION 19B. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY		20B. IF YES, WERE FIN CERTIFYING CAL		
21A, EXTERNA	CAUSE WAS	21 B.	PLACE OF INJURY (e.g., form, foctory, street, o	in or obout 21C. V	VHERE DID	(If in Boltimore City,	give exoct lo	
UTING CAU	SE OF DEATH.	etc.)	, louis, locioly, succi, o	mee oragi, majori	OCCOR:			
21 D TIME OF INJURY	(Month) (Doy) (Year		TE. INJURY OCCURRED		LNI DID WO	URY OCCUR?		
(APPROX.)		m. \	WHILE AT NOT W	ORK				
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resul	ted from: Natural car	uses X	Accident Suicide	Homici	de 🗌	Undetermined man	ner 🗌	
	7			CHIEF M	EDICAL EX	CAMINER -		DATE SIGNED
SIGNAT		9/	7.7	ASSISTANT M	EDICAL EX	XAMINER X		DATE SIGNED
EXAMIN NAME (IER'S Werner	U. Spit		ASSOCIATE M			6/25	5/67
23A. BURIAL CRE REMOVAL (Specif Buria	y)		C. VAME of CEMETERY o				y, town, or	county) (Stote)
	BY HEALTH DEPT.		St. Stanislaus OF REGISTRAR	24C. FUNER	AL DIRECTOR	ltimore, Md.	-	ADDRESS
	JUN 26 1967		5 E. FalleyMA	George	A. Web	er 705 Sout		
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PENNEY LAWNING Johns Hopkins Hospital
Builtimore, 18th 21205 Meyeks dule 230 LARGE STREET MALE MEGRO SINGLE 18-2-85 81 DAVIL Shefphed

Josephine Puedy

5/10/67 Explication LAPARATION/185

FUNERAL DIRECTOR: IMPORTANT

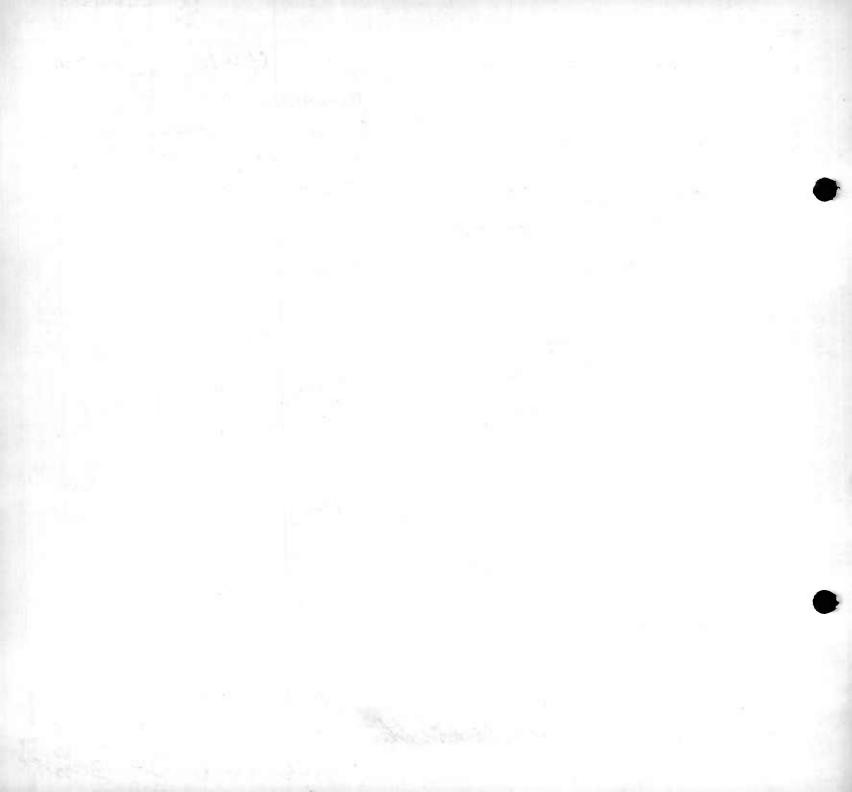
-			HEALTH DEPARTMENT		67 6122
	BIRT	H NO. 67 6122 CERTIFICA	TE OF DEATH	Registered No.	or orec
		AME OF DECEASED		D HOUR OF DEATH	
		pe or Print)		1.00	1 10/10 1 10.
	3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE LAHTE	e deceased lived. If institu	196 Pan.
			A. STATE B. COUN	7 0 (
		FULL NAME OF (If not in hospital or institution, give street address or location)		mylan	
		HOSPITAL OR address or location) NSTITUTION	C. CITY OR TOWN (II out	side city limits, white RUR.	AL and give township)
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0	6	20001100021	1020 n.	World Si	
8	5. 5	6. RACE 7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED/specify)		9. AGE (IN years If Ideat birthday)	Under 1 Yr. If Under 24 Hrs. onths: Days Hours Min.
E	4	Charles Margaret	Jul 9 10114	63	
IS		. USUAL OCCUPATION (Give kind of work) JOB, KIND OF BUSINESS OR INDUSTRY	11. PIRTHPLACE (State ar farei	gn country) 1:	2. CITIZEN OF
0	dane	during most of working life, even iltratized	m H	- //	WHAT COUNTRY?
=		Kelliek	1) allo /	rel	USA
OS	13. 1	FATHER'S NAME	14. MOTHER'S MAIDEN NA	1	
Isposition		Jene Hake	Allen 1	SANTE	
ਹ	15. V	Was Deceased Everyn U. S. Armed Farces? ,na ar unknawn) (IIf (yes, give was ar dales of service) SECURITY NO.	17. INFORMANT	1/4001	ADDRESS
8	(Yes	, na arunknawn) (If (yes, give wat or dates of service) SECURITY NO.	hilt 2	DI	
- Lua		140 215-07-66 8	1 Millon Tr	oroler Se	anne
6		18. $32XI$ CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
0		DISEASE OR CONDITION DIRECTLY	1 . 00 . 1	6	W III
T e		LEADING TO DEATH (This does not meon fhe mode of dying, e.g., DUE TO	relied Humbres	(lacuramy attack	1 5 yrs (ma 1962)
3		heart foilure, asthenia, etc. If means the disease,		`	
0		injury or complication which coused death.)	Markey Hyperten	• \	1462
B		ANTECEDENT CAUSES (B)	Marky Syperten	~usv	
are		DISEASES OR CONDITIONS, if ony, giving	P. 1 1 1 +		1962
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remains		11	<u> </u>	_	
Ĕ	Z O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
T.	E	TO THE DEATH BUT NOT RELATED TO THE CHUNGE NO.	hister Henrich	eyen + bluephan	
the	<u>o</u>	19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No		INGS CONSIDERED
	RTIF	WAS PERFORMED	Min	IN CERTIFYING CAUSE	S OF DEATH?
before		21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	n at about 21C. WHERE DID	(If in Baltimore Ci	ty, give exoct lacation)
e		OR CONTRIBUTING CAUSE OF hame, form, factory, street, of DEATH (natify medical examine)	ffice bidg., INJURT OCCUR?		
	00	21 D. TIME (Manth) (Day) (Year) (Haut) 21 E. INJURY OCCURRED	21 F. HOW DID INJ	LIRY OCCUP?	
ained	A.E.	OF INJURY		OKT OCCUR.	
5		(A PPROX.) Work At Work		Oriz	4
pt		22. I certify that (I) (this hespits) attended the deceosed from	July	19/9/210	21 1967.
pe		that (I) (we) lost saw the deceased alive an July 20	19 6.71 ond th	of in (my (our) op nio	n death occurred on the date
		and hour and from the couses stated above. (1) (WE) (did) (did not)	1	*	
must	II I	23A. SIGNATURE		23	B, DATE SIGNED
		M.D. All	ending Med.	Staff	11. 11/2
8		23C. PHYSICIAN'S	23 D. ADDRESS	Phys.	6/23/96/
o o		NAME (Type)	23D. ADDKESS		
approval		Rulph J. Young M.D.	1532 & Mone	ments B	all Md
	24A	BURIAL CREMATION, 248. DATE 24C NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (City, 1	awn, ar caunty) (State)
9		Buring 12-16-19 Butto Mi	it lat	120 lts	Mex
=	25Ā	. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1. 1	ADDRESS
written		JUN 26 1967 P. O. 4 9 Forthern	80,01.00 lu	Ilora Ind	Breeze Harli
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DIRECTOR:

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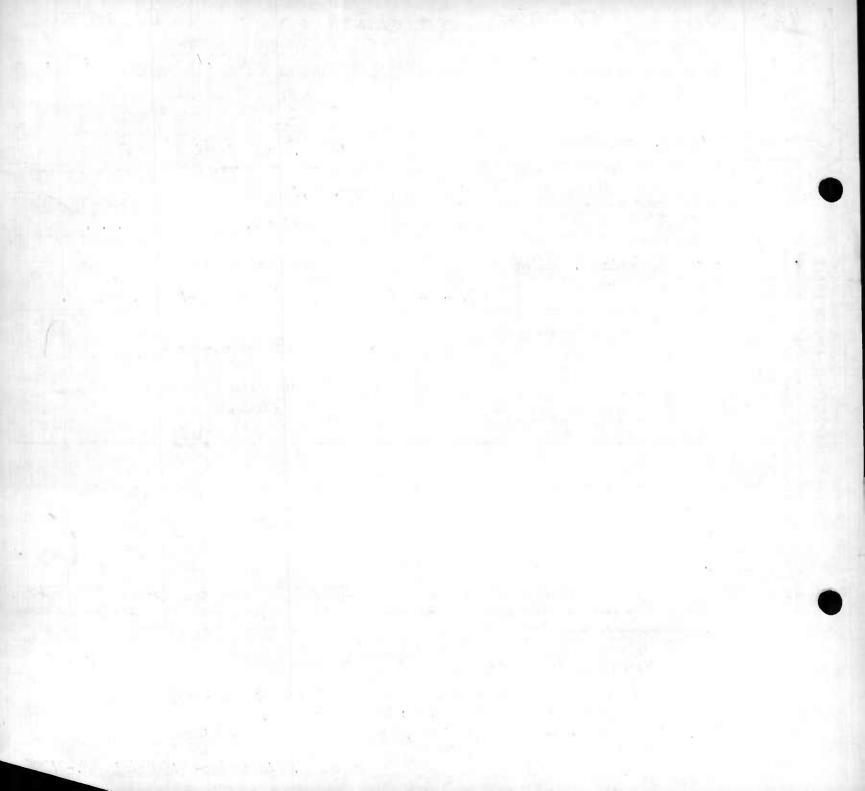
BALTIMORE CITY HEALTH DEPARTMENT



Type or Print)		AND THE PROPERTY OF	2.	DATE AND HOUR OF DEAT	
PLACE OF D	EATH IN BALTIMORE, MAI	May Kirby	TA HELIAL BESSIDE	June 22, 1967	institution; residence before admission
FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospital a	or institution, give street	A. STATE	B. COUNTY (If outside city limits, write	13-05
3108	Keswick Road		Baltim D. STREET ADDRE		d KESWICK RO
. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min,
	White CUPATION (Give kind of work if working file, even if retired)	Married 108. KIND OF BUSINESS OR INDUS	TRY 11, BIRTHPLACE (S		12. CITIZEN OF WHAT COUNTRY?
Hou	se Wife	Home	Md.		
3. FATHER'S NA	ME		14. MOTHER'S MA	IDEN NAME	
	hn Cromwell			Lockner	
5. Was Decease les, no or unknow No	d Ever in U. S. Armed Force (n) (If yes, give wor or dote:	s of service) 16. SOCIAL SECURITY NO. 213-03-420	17. INFORMANT	Kirby 3108 Kes	ADDRESS
18. / 🕟	7. 0/ 1	CAUSE	OF DEATH		INTERVAL BETWEEN
(This does	ASE OR CONDITION DIR LEADING TO DEATH not mean the made of	dying, e.g., DUE TO	ixed hour	uial planet	onset and DEATH
	, asthenia, etc. It means mplication which caused	death.)		V	
	ANTECEDENT CAUSES	DUE TO			
rise la t	OR CONDITIONS, if a he abave cause (A) IG CONDITION last,		0 00 00 00 m m 00 0 0 0 0 m 0 0 0 0 0 m 0		
ONDERCHIN	II				
TO THE	NIFICANT CONDITIONS CODEATH BUT NOT RELAR CONDITION CAUSING IT	TED TO THE			
19A. DATE C	OF OPERATION 198. CONI	DITION FOR WHICH OPERATION ORMED	20 A. AUTOPSY?	(Yes or No) 20B. IF YES, WERIN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIE	ENT WAS UNDERLYING D BUTING CAUSE OF fy medical examiner	21 B. PLACE OF tNJURY (e. home, form, foctory, street etc.)	g., in or obout 21 C. WHE , office bldg., INJURY C	RE DID (If in Boltime DCCUR?	ore City, give exact location)
21 D. TIME	(Month) (Doy) (Yeor)	(Hour) 21 E. INJURY OCCURRED	21 F. HOV	/ DID INJURY OCCUR?	
(APPROX.)		While At Not Not Not Not Not Not Not Not Not No	While Ork	4-0	
22. I certif	v that (1) (this bospital) attended the deceased fram	N la la	190 1 10	June 196
		1	9 1960	and that in (mv) (aur) a	pinian death accurred an the d
/			· ·		printed down decorred on the d
23A. SIGNAT		ed abave. (1) (We) (did) (did na	t) view the body citie	er death.	238. DATE SIGNED
M	uden!	Ludgues.	·	d. Stoff Phys.	June 23,196
SHEL.	(Type)	EIER, A M	.D. SABORESS	W. 364h Stre	ut.
4A. BURIAL CR REMOVAL	EMATION, 24B. DATE (Specify)	24C. NAME of CEMETERY of	CREMATORY	24D. LOCATION	City, town, or county) (Stote)
Buria	D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C FUNERAL	Baltimore, I	ADDRESS // A
	JUN 26 1967	Robert E, starley M.	tran	ch X Seity 81	4W.36th SI
S 150-REV. 1/1	/65			- 1	



3. PLACE OF DEATH IN BALTIMORE, MAR	WLAND	June 23, 1967 4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. COUNTY	9:30
FULL NAME OF (If not in hospital or oddress or location) 1620 N. Pont Street	r institution, give street	C. CITICORTOWN (If outside city limits, write Baltimore D. STREET ADDRESS (If rurol, give location)	RURAL and give townsh
	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	1620 N. Port Street 8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If U Months: Doys Hours
Male White 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Married 10B. KIND OF BUSINESS OR INDUSTRY Produce Market	Nov. 22, 1898 lost birthdoy! 11. BIRTHPLACE (Stote or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY
13. FATHERS NAME	+20-de-40-40-40-40-40-40-40-40-40-40-40-40-40-	14. MOTHER'S MAIDEN NAME	C. J. 11.
Frederick J. Wal 15. Was Deceased Ever in U. S. Armed Forc (Yes, no or unknown) (If yes, give wor or dotes	ter 16. SOCIAL SECURITY NO. 2/7-03-5595	Margaret Rudroff 17. INFORMANT Amy Spangler Walter -16.	ADDRESS
CThis does not mean the mode of heart failure, asthenia, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a	dying, e.g., DUE TO the disease, death.) (8) DUE TO	Lypertenin cardio vas direare	e /yr als 10 yr
OTHER SIGNIFICANT CONDITIONS COND	ONTRIBUTING TED TO THE I. DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WER IN CERTIFYING C	
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF (NJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltims ffice bldg., INJURY OCCUR?	ore City, give exoct locoli
21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E INJURY OCCURRED While At Not Whi Work At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) that (I) (we) lost sow the decease and hour and from the couses state	d olive on & -22	19 67 ond that in (my) (our) o	
23A. SIGNATURE	oorez M.D. Att	Med. Stoff Phys. 23D. ADDRESS 3105 BBLAIR	6-24-6
23C. PHTS CTAN'S NAME (Type)			



K	520	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, sand (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	8 <u>A</u> 1
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FUNERAL DIRECTOR: IMPORTANT	exa exan 3) A n re are	
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SAL	medi bur bhys	
Z	Body Body the l	
5	the (2) (2) physefore	
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	oved e ho nat cept nd (d	
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	sed to the pita eath	
	must eleas cide to do to d	
	at a at a rior	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	2
	is ce bows: ows: rs D.	2
	th she we	H

BIRTH NO. 67-11788 67 65	200	HEALTH DEPARTMENT	Registered No.	67 6126
M.E. CASE NO.	CERTIFICA	TE OF DEATH		
Type or Print)	Kins	2. DATE AN	D HOUR OF DEATH	1, 7300
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceosed lived. If	institution: residence before admissio
	,	A. STATE B. COUN	ITY A	1. A-f-
FULL NAME OF (If not in hospital or instit oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
Sinci Hos	. 4.0	Bults.	29	53-00
BALTO. MA	D. STREET ADDRESS (If rurol, give location) 2012 PLUSSELL AV			
3/12 13. 110		Since	Hospit	al- 2120
M WIG	RRIED, NEVER MARRIED OWED, DIVORCED (specify) hild	6/19/67	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
6A. USUAL OCCUPATION (Give kind of work 10B, KIII lone during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY		0.0	12. CITIZEN OF WHAT COUNTRY?
Child	none	BALTO		USA
3. FATHERS NAME William		14. MOTHER'S MAIDEN NA		
WIIIIam		Anna 1	cin	
5. Was Deceased Ever in U.S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
	1	William Kir	ng 2012 B	ussell Ave 2120
1B. 7 7	CAUSE O	F DEATH	TO LOTE II	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) -=	District to the second	Hydline Men Disease	ibrare 4 days
(This does not mean the made of dying, heart failure, asthenia, etc. 11 means the dis		1	Disease	· · · · · · · · · · · · · · · · · · ·
injury or complication which caused death.)		He Tunia	N N	
ANTECEDENT CAUSES	DUE TO	(T) / Cario	The state	r
DISEASES OR CONDITIONS, if any,	giving	D: "7	ALMI ISB	
rise to the obave cause (A) stating UNDERLYING CONDITION tost.	lhe (C)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
II.				
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No	208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
WAS PERFORMED	TOTA BY A GE OF THE STATE OF			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Baltimo	ore City, give exact locotion)
21D. TIME (Month) (Doy) (Year) IHour)	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not While Work At Work	e		
22. I certify that (L) (this hospital) otten	ded the deceased from	June	19 67 to	Jun 23 1967
that (1) (we) lost sow the deceased alive	1			pinion death occurred on the
and hour and from the causes stated abo	•		01 111(111)() (001) 01	or the teach occorred on the
23A. SIGNATURE	ve. (I) (#e) (did) (did not) v	new the body offer deoth.		23 B. DATE SIGNED
23AI SIONAI GAR	M.D. Atte	ending Med.	Staff	230. DATE SIGNED
for for E	Phy	s. Director	Phy s.	1. E/24/67
23C. PHYSICIAN'S NAME (Type)	FINE, MY M.D.	23D. ADDRESS Sinai	Hospik	9
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City, town, or county) (State
Burial 6/26/67	Mt. 014	Re	ndallsto	Md.
	AME OF REGISTRAS	25C EUNERAL DIRECTOR	16 mg	ADDRESS
60-20	J. E. Viceley PA	John T. Sta	insbury 6	417 Windsor Mil
/\$ 150-REV. 1/1/65		45	J J	TIZANOVOZ ZIZZ

10 March 1988 Total Total grant with

67 6127 BALTIMORE	CITY HEALTH DEPARTMENT 67 6127
BIRTH NO. M.E. CASE NO. CERTIFI	CATE OF DEATH X Registered No.
1. NAME OF DECEASED (Type or Print) JOHN THOMAS WEAVER	JUNE 21, 1967 5:55 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
FULL NAME OF (If not in hospital at institution, give street	MARYLAND B. COUNTY
HOSPITAL OR oddress or location) INSTITUTION ACMEC LICEDITAL	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
ST. AGNES HOSPITAL WILKENS & CATON AVENUE	D. STREET ADDRESS (If rurol, give location)
BALTO. 29, MARYLAND	1401 NORTH ROLLING RD.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years Houder 1 Yr. Hunder 24 Hrs.
MALE WHITE MARRIED WORCED (speci	4/24/10 5/
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDidone during most of working life, even if retired)	WHAT COUNTRY?
POLICEMAN BALTO.CITY POL	CE PENNSYLVANIA U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ALBERT	ROSANNA (GALLAGHER) 17. INFORMANT ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no arunknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	
	310 ST. AGNES HOSPITAL, WILKENS & CATON
1000 N N OC GY N	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ardia, Decompensation
(This does not mean the made of dying, e.g., DUE T	T T
injury ar camplication which caused death.)	hetastatic Cancon
DUET	0
DISEASES OR CONDITIONS, if any, giving lise to the above cause (A) stating the	Pulmonary Carcinono
UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	abetes Mellitus
194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1 horaco Tomy	be NU
OR CONTRIBUTING CAUSE OF home form loctory str	(e.g., in or obout 21C. WHERE DID (If in Bottimore City, give exact locotion) eet, office bldg., NJURY OCCUR?
DEATH (notify medical examiner) etc.)	215 HOW DID INLUMY OCCUPY
21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY APPEN (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE White At No	D 21F. HOW DID INJURY OCCUR?
Work At	Work
22. I certify that (I) (this hospital) attended the deceased fram	
and haur and from the causes stated above. (1) (We) (did) (did	
M.D. M.D.	Attending Med. Staff Phys. Director Phys.
- Vander (believe	Phys. Director Phys. 23D. ADDRESS
23C. PHYSICIAN'S NAME (Type)	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	31. Adnes nost trat, within & caron av
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY BEMOVAL (Specify)	Em. BIR hal
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C_EUNERAL DIRECTOR ADDRESS
JUN 26 1967 Role & L. Falley M	
VS 150-REV. 1/1/65	N-v ay

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JUNE 21. F

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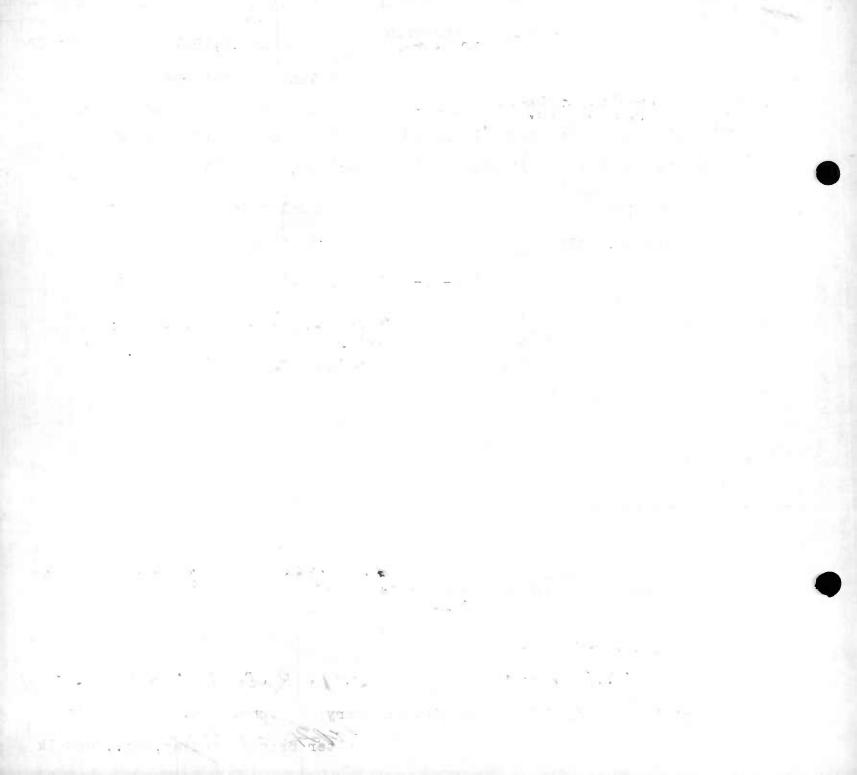
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			BALTIMORE CITY	HEALTH DEPA	ARTMENT		OM	0400
BIRTH NO. M.E. CASE NO	67 63	128	CERTIFICA	TE OF D	EATH	Registered Na	6/	6128
1. NAME OF D	ECEASED	. LNMN) Anderson		2. DATE A	ND HOUR OF DEATH		
	Hannah	an	Acrem		Jun	e 21,1967		8:00P M
3. PLACE OF E	SEATH IN BALTIMORE, MA	RYCAND		4. USUAL RESI	B. COUN	ere deceosed lived. If in NTY	stitution; les	sidence before admission)
FULL NAME	R addiess at lacation		give street	Mary]		Baltimore		give township)
INSTITUTION	V Day Chorce Fee	FAR	1/2-	Jone	s Cre	ek	21219	3 53 00
	Haltemor	ethic	20102/			rural, give lacation)		
Balt	imore City F	lospita	1 DOA	7200) Nort	h Dakota A	venue	
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIR	ктн	9. AGE (In years	If Under	1 Yr. If Under 24 Hrs. Doys Hours Min.
female	white	widov	DIVORCED (specify)	April 2	22,86	last birthday)	Months	DOY'S THOUSE TWIN.
	CUPATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	E (State a) fare	eign cauntry)	12. CITIZ	
	of working life, even if retired)			Dans	7			T COUNTRY?
HOUS 3. FATHER'S N	ewife			14. MOTHER'S	asylva		US	DA
	ph C. Hale				a Embe	rg		
5. Was Deceas	ed Ever in U. S. Armed Far	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMAN	T	0/ 1/4 ==		ADDRESS
	, , ,		190-05-7502	Rav	ersuh	n 96 Wise	AVEI	100 1222
18.			CAUSE O			Daroine		NTERVAL BETWEEN
DISE	ASE OR CONDITION DIE	ECTLY						ONSET AND DEATH
5.52	LEADING TO DEATH		A	sterior	selo.	ati Ha	at	2221
	nol meon the mode of		DUE TO	27 462 40 0		otic Hea		
	e, osthenio, etc. It meons omplication which coused		′		2 4-	^	•	,
	ANTECEDENT CAUSES		(B)	Dral	reten	21286	1	*
DISEASES	OR CONDITIONS, if	onu nivino	DUE TO					
	The obove couse (A)		(C)					
UNDERLYI	NG CONDITION lost,							
OTHER SIG	II SNIFICANT CONDITIONS C DEATH BUT NOT RELA	TED TO TH						
	OF OPERATION 198. CON WAS PER	DITION FOR V	WHICH OPERATION	20A. AUTOP	SY? (Yes or N	O) 20B. IF YES, WERE	FINDINGS USES OF D	CONSIDERED E ATH?
E 21A. ACCII	DENT WAS UNDERLYING	218	PLACE OF INJURY (e.g., it	n or about 21 C. W	VHERE DID	(If in Baltimer	City give	exoct location)
OR CONTR	IBUTING CAUSE OF	ham etc.)	e, faim, foctory, street, at	fice bldg., INJUR	Y OCCUR?	tii iii suiiiiisii	e City, give	EXOCI IOCUROII)
21D. TIME	(Manth) (Day) (Year)	(Haur) 21 E.	INJURY OCCURRED	21 F. H	OW DID IN.	JURY OCCUR?		
(APPROX.)		Whi	ile At Nat While	е				
00.1	(.1 . (I) (.1 . 1			an. 10	3/2/2	441	4.0	1, 1967
	fy that (1) (this hospital			-				
	e) last saw the decease		6 2				nian deat	h accurred on the date
and haur	and from the causes stat	ed abave. (I) (We) (atd) (did nat) v	iew the bady	after death.	•		
23A. SIGNA	TURE						23B, DATI	SIGNED
	13/Ages	4.00	M.D. Atte	nding	Med. Director	Staff Phys.		
23 C. PHYSIC	CIANS	can		23D. ADDRESS		,		
NAME	NR LS	118 4 7	7.4 M.D.	1-1-1	. 10	D. 1 A	. 4	12. 1200 /
24A. RIIDIAI C	PENATION 248 DATE	LL CE O	AME of CEMETERY OF CRI	MATORY	1200	Tana ll	ily laws a	(2) & Glet
REMOVA					240. 1	LOCATION (C	iy, iuwii, di	Toron & a
Burial	, ,		and View Cer	netery	200	hnstown, Pe	nnsy.	
25A. DATE REC	JUN 26 987	25B. NAME C	PE REGISTRAR	Walte	r Broo	ks Bradley	,Inc	.,Dundalk
VS 150-REV. 1/	1/65				7 1	/	-	•



pproved by the chief medical examiner or his assistant if do the hospital by a medical examiner. Also, if the direct any nature; (2) Body burns; (3) A fracture of any kind; (4) U

VS 1S0-REV, 1/1/65

death

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N.	2001 2001
	in a hospital ag cause of decause; (5) Deceasitendance on tor to death. Su
•	death occurred of or contribution of or contributio
FUNERAL DIRECTOR: IMPORTANT	or his assistant if Also, if the directof any kind; (4) nounced death vattendance on the
DIRECTOR:	dical examiner. Ical examiner. Ins; (3) A fractur. Ician who prories are embal
FUNERAL	by the chief med pital by a medi re; (2) Body bur where the phys No physician w
•	is be approved listed to the hospent of any natural (except spiral (except the obtained)
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained hefore the paragraph or final disposition is made.

BIRTH NO.	67 61	30	TE OF DEATH	Registered Na. 6	7 6130
M.E. CASE NO.	CEASED			HOUR OF DEATH	
Type or Print)	WEHN, Osmond G	•	June 2	1, 1967	5:48 P.
FULL NAME	OF (If not in hospital or	AND	4. USUAL RESIDENCE (Where da. STATE B. COUNTY Maryland Balt:	eceosed lived, tf instit	ution: residence before odmission
HOSPITAL OF	ddress or location)	istration Hospital	Baltimore	63	AL and give township)
h /	Baltimore, Mar		500 Dunkirk Rd	, give location)	
SEX	6. RACE 7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	f Under 1 Yr. , If Under 24 F
		Never Married B. KIND OF BUSINESS OF INDUSTRY	1-11-96	71	Aonth's Doys Hours Min.
Salesma		Unknown	Maryland		U. S. A.
3. FATHER'S NA	Unkn	own	14. MOTHER'S MAIDEN NAME Unka	nown	
	ed Ever in U. S. Armed Forces		17. INFORMANT Records		ADDRESS 03.03.4
Yes	%n) (If yes, give wor or dotes of 5-14-18 to 7-		Veterans Administ	tration Hos	21218 oital.BaltoMd.
1B. 5 8	24-XI	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIRECT LEADING TO DEATH	the contract			
(This does	nol meen the mode of dy	(A) Obst ying, e.g., DUE TO	ruction of common calculus	bile duct	
heort foilure	e, osthenio, etc. It meons the emplication which caused de	e diseose,	CSTCATAR		,
	ANTECEDENT CAUSES	(B)			
DISEASES	OR CONDITIONS, if ony				
rise to f	he obave couse (A) si				
ONDEREIT					
E TO THE	II NIFICANT CONDITIONS COR DEATH BUT NOT RELATE R CONDITION CAUSING IT.	NTRIBUTING D TO THE			NI OF LAND
		TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 2	OB. IF YES, WERE FIN N CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DEUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore C	ity, give exoct locotion)
21 D. TIME OF INJURY	(Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
(APPROX.)		While At Not While Work At Work	e _		
22 cartif	y that (1) (this basnital) a	attended the deceased fram		7 to June	21. 1967
		alive an			
		abave. (I) (We) (did) (did nat) v		n(my) (dur) apinia	n death accurred an the a
23A. SIGNAT		dodver (i) (we) (did) (did iidi) (new the body offer death.	23	8. DATE SIGNED
		. M.D. Atte	ending Med. Sto Sto Director Phy	ff.	June 23, 1967
23C. PHYSIC	IAN'S STOOP OF				tion Hospital
NAME	DONALD H. H	OOKER M.D.	3900 Loch Raven 1		
4A. BURIAL CE	REMATION, 24B. DATE	24C. NAME of CEMETERY of CRI			town, or county) (State)
Bur	6-26-67	Balto. National	Cemetery B	altimore, Ma	aryland
		B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	2	ADDRESS
	JUN 26 1967 (P	Part & Janey MA	Wm. E. Johnson,		
'S 150-REV. 1/1	/65		Ba	1to. Md. 21	204

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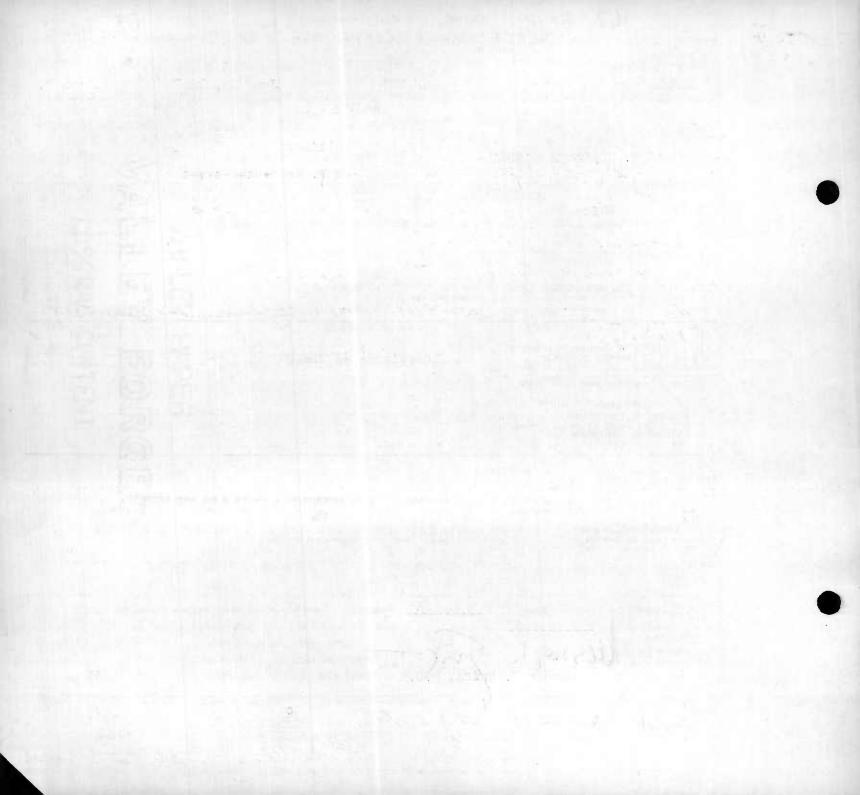
A. STATE 8. COUNTY JERRY FERGUSON LACE OF DEATH IN SALTIMORE, MARYLAND LACE OF DEATH IN SALTIMORE, MARYLAND LACE OF DEATH IN SALTIMORE, MARYLAND OSPITAL OR OSPITAL OR OSPITAL THE JOHNS HOPKINS HOSPITAL THE JOHNS HOPKINS HOSPITAL THE JOHNS HOPKINS HOSPITAL THE JOHNS HOPKINS HOSPITAL TO STREET ADDRESS (If rurol, give location) A. STATE 8. COUNTY MARMLAND C. CITY OR TOWN (If outside city timits, write RURAL and give township) BALTIMORE D. STREET ADDRESS (If rurol, give location) 2032 VAILTHORN ROAD TO STREET ADDRESS (If rurol, give location) WIDOWED, DIVORCED (specify) NEVER MARRIED 10-6-66 USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) BALTIMORE US A	odmi s si o
JERRY FERGUSON LACE OF DEATH IN SALTIMORE, MARYLAND LACE OF DEATH IN SALTIMORE, MARYLAND ULL NAME OF OSPITAL OR OSPITAL OR ISTITUTION OSPITAL OR OSPITAL OR OSPITAL THE JOHNS HOPKINS HOSPITAL OSPITAL OR OSPITAL OR OSPITAL R OSPITAL OSPITAL OR OSPIT	odmissio
LACE OF DEATH IN SALTIMORE, MARYLAND ULL NAME OF (If not in hospitol or institution, give street oddress or location) OSPITAL OR ISTITUTION OSPITAL OCCUPATION (Give kind of working life, even if retired) A. USUAL RESIDENCE (Where deceased lived, If institution: residence before 8. COUNTY MARMLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE D. STREET ADDRESS (If rural, give location) 2032 VAILTHORN ROAD 8. DATE OF BIRTH 10-6-66 USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	odmissio
ULL NAME OF OSPITAL OR OSPITAL OSPITAL OR OS	er 24 Hr
OSPITAL OR ISTITUTION C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE D. STREET ADDRESS (If rurol, give location) 2032 VAILTHORN ROAD EX 6. RACE 7. MARRIED, NEVER MARRIED (Specify) NEVER MARRIED 10-6-66 USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	er 24 Hr
BALTIMORE D. STREET ADDRESS (If rurol, give location) 2032 VAILTHORN ROAD IX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) NEVER MARRIED 10-6-66 USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	er 24 Hr
THE JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rurol, give location)	er 24 Hr Min.
THE JOHNS HOPKINS HOSPITAL 2032 VAILTHORN ROAD 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) NEVER MARRIED NEVER MARRIED 10-6-66 USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	er 24 Hi Min.
2032 VAILTHORN ROAD The state of the state	er 24 Hi Min.
MALE WHITE NEVER MARRIED 10-6-66 USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	er 24 H Min.
MALE WHITE NEVER MARRIED 10-6-66 USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	741111,
USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
during most of working life, even if retired) WHAT COUNTRY?	
RALTIMORE	
ATHERS NAME 14. MOTHER'S MAIDEN NAME	
JAMES FERGUSON FAYE ADAMS	
JAPIES FERGUSUN FATE ADAPIS /as Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	
no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
NO NO PARENTS ABOUT	
8. CAUSE OF DEATH INTERVAL BETV	
DISEASE OR CONDITION DIRECTLY	EATH
LEADING TO DEATH	
(This does not meon the mode of dying, e.g., DUE TO	
heart failure, asthenia, etc. It means the disease,	
injury or complication which coused death,)	
ANTECEDENT CAUSES (8) DUE TO	
DISEASES OR CONDITIONS, if ony, giving	
underlying condition lost.	i
UNDERCHING CONDITION 1681.	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
19. CONDITION FOR WHICH OPERATION 20. AUTOPSY? (Yes or No.) 20. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
-O- YES YES	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF (If in Baltimore City, give exact location)	ļ
DEATH (notify medical examiner) etc.)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY	
(APPROX.) While At Work Not While Work	
(APPROX.) While At Work At Work	D
(APPROX.) While At Not While Carrier Not While C	
(APPROX.) While At Not While Company of the property of the following Company of the property	
(APPROX.) While At Not While Carrier Not While C	
(APPROX.) While At Not While Company of the property of the following Company of the property	
While At Work 22. I certify that (I) (this hospital) attended the deceased from 6-16- 19 67 to 6-20-67 In that (I) (we) last saw the deceased alive an 6-19-67 19 and that in (my) (aur) apinian death accurred or and hour and from the causes stated obave. (I) (We) (did) (did not) view the body after death. 238. DATE SIGNED	
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Mother Wanda Faye adams

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M.E. CASE NO.							
1. NAME OF DECEASED (Type of Print) HENRY	A.	ENGLES			20, 1967	CED DEAD	11:05 P.M.
3. PLACE IN BALTIMORE, MAR	YLAND, WHERE PRONOUS		4. USUAL RESIDE		ceased lived. If in	stitution: reside	nce before admission)
FULL NAME OF (IF NOT	IN HOSPITAL OR INSTITUT	TION, GIVE STREET	Marylan				1.5
INSTITUTION	OR LOCATION)		Baltim	ore	corporate limits, wri	/ O -	O Z
00 42 S. KUSS	MUTH STREET		D. STREET ADDR	ESS (If rurol, given Kossmuth			
5. SEX 6. RACE		NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	s If Under	Yr. If Under 24 Hrs.
Male Whit		OVORCED (specily)	JAN.27	1913	54 to	Months D	Poys Hours Min.
IOA. USUAL OCCUPATION (Give	kind of work 108. KIND OF				co untry)	12. CITIZEN	OF COUNTRY?
ATTENDANT	HOSA	PITAL		MD			
13. FATHER'S NAME	a. Engle		14. MOTHER'S MA	IDEN NAME	ender		
15. WAS DECEASED EVER IN U		16. SO CIAL	17. INFORMANT			ADDRESS	
(Yes, no orunknown) (If yes, give	war or dates of service)	220-22-1627	mys Os-	to U	/	125 Kos	. The 500
18. / 2/ / 3		/	OF DEATH	They n	21 - Work A		NTERVAL BETWEEN
DISEASE OR CONT	NITION DIRECTLY					(ONSET AND DEATH
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(This does not mean the heart failure, asthenia, etc injury or complication whi	. It meons the discose,	DUE TO					
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Glen Haven Cemetery

248, NAME OF REGISTRAR

VS 151-REV. 1/1/65

Burial

24A. DATE REC'D BY HEALTH DEPT.

6/26/67

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Howard H. Hubbard

24C. FUNERAL DIRECTOR

Glen Burnie

4107 Wilkens Ave.

ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT

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FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

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					150	01 E. Norther	rn Parkway
SEX Femal	.e	White	WIDOWE	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH Jan. 2, 1887.	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Days Hours M
A. U'SUAL	OCCUPAT	10N (Give kind of work	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Hou	sewife	ng lite, even if retired)			Maryla	and	USA
FATHER!	SNAME				14. MOTHER'S MAIDEN N		
		Ernest Vo	elker			Matilda	a Collenberg
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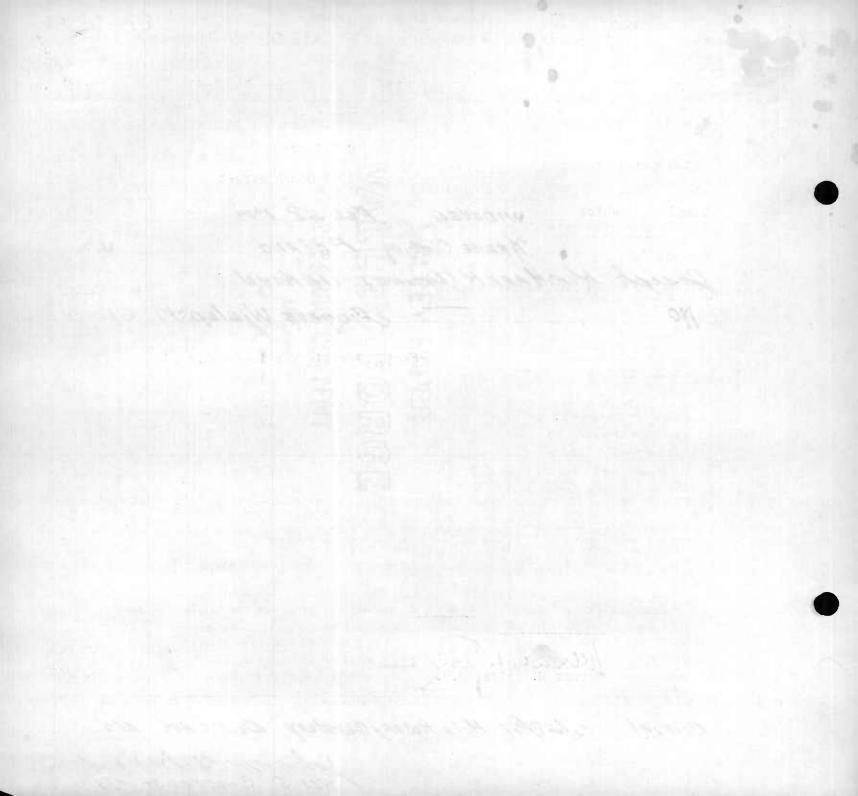
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67 6139 BALTIMORE CITY HEALTH DEPARTMENT 67 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

NAME OF DECEASED		1-		
ype or Print)			ND HOUR PRONOUNCED	
JOSEPHINE	WIELEPSKI		24, 1967	12:55 P. M.
PLACE IN BALTIMORE, MARYLAND, LL NAME OF (IF NOT IN HOS SPITAL OR ADDRESS OR LO	PITAL OR INSTITUTION, GIVE STREET	A. STATE Maryland C. CITY OR TOWN (If outsi	B. COUN	
2208 Gough Street		D. STREET ADDRESS (If rure 2208 Gough S		
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr, If Under 24 Hrs.
White	WIDOWED, DIVORCED (specify)	-1-0-	lost birthdoy)	Months, Days, Hours, Min.
FATHER'S NAME	MRAUSE Clothing	14. MOTHER'S MAIDEN NAM	ME .	U.S.
WAS DECEASED EVER IN U.S. ARM	AED FORCES? 16, SOCIAL SECURITY NO.	17. INFORMANT KNOW	· N	ADDRESS 3653
NO		17	11:-1-000	Planning
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MPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs. Hours Min.

Hours

INTERVAL BETWEEN ONSET AND DEATH

(State)

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NAME OF DECI	EASED '			2. DATE AN	D HOUR OF DEAT	Н		
	Carr, Frank			3:0	O Am. June	24. 1967		
PLACE OF DEA	THEN BALTIMORE, MAR	RYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN 5353 C117	e deceosed lived. If TY f Blvd	institution; residence before odmis		
FULL NAME O	F (II not in hospita) a address or location)	or institution, give s	street					
INSTITUTION	U.S. P.H.S.			St. Petersburg Beach, Florida				
1	31 st St. &	_	. Dr.	D. STREET ADDRESS (II		acii, Fioriad		
0	Badtimore,							
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		108. KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (State or forer		12. CITIZEN OF WHAT COUNTRY?		
SSE. H.	Blum (Messmar	n) Seaman		Pa.		U.S.A.		
3. FATHER'S NAM	Thanles			14. MOTHER'S MAIDEN NAM	ΛE			
/PYAKY T	wank Carr			Latitia Peak				
. Was Deceased	Ever in U. S. Armed Forc		OCIAL	17. INFORMANT		ADDRESS		
USA 19	40-1945	s of service)	61 10 5452	Anna Carr (wi	fe) Same	as patient		
18.	7 1	FETLY	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	EOR CONDITION DIR	ECTLY	Acut	te Renal Tubular	Necrosis	d ens		
	MENTONIO TO DENTIL							
	al mean the mode of		(A)		******************	3		
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			HEALTH DEPARTMENT	6	7 6142
	тн но. 67	6142 CERTIFICA	TE OF DEATH	Registered Na.	V. ULAZ
	E. CASE NO.			HOUR OF DEATH	6
(Ту	oe or Print) William E. Che		June	22. 1967	NO M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLA	AND	4. USUAL RESIDENCE (Where	deceased lived. If institut	tion: residence before admission)
	FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location) NSTITUTION	nstitution, give street	Maryland c. CITY OF TOWN (If outsi	9	7-3
H			D. STREET ADDRESS (If ru	rol, give location)	
1	Union Memorial	l Hospital	1214 Ramble	ewood Road	
5. 5	A STATE OF THE PARTY OF THE PAR	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	_ lo	AGE (In years If Most birthday) Mo	Under 1 Yr. If Under 24 Hrs. onths: Doys Hours: Min.
102	Male White USUAL OCCUPATION (Give kind of work 108,	Married	8/14/1893	73	2. CITIZEN OF
	e during most of working life, even if retired)	- 200		,	WHAT COUNTRY?
13.	Retired Agent	Manufacturing	Baltimore, Mo	i .	U.S.A.
	Benjamin J. Chamber	rlain	Mary Howard		
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Ye	No (If yes, give wor or dotes of		Mrs. Margare	t Chamberla	in (Same)
-	18. 44	CAUSE OF			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT	TLY	· 641	0	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dyi	ing, e.g., DUE TO	pero to my o	Card I all	1 uster +
	heart foilure, osthenia, etc. It meons the	disease,	Tarles	-ture.	
	injury or complication which caused dea	oth.)	1 (1)	8000 1	
	ANTECEDENT CAUSES	OF TO	our cuf en		
	DISEASES OR CONDITIONS, if any, rise to the above couse (A) sta		ua Hoston	1	13+ years
	UNDERLYING CONDITION last.		Te de la constante de la const		100 Segue
	- 11	7	is with		10.1-90001
ATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED				•
	DISEASE OR CONDITION CAUSING IT.				
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ION FOR WHICH OPERATION MED	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND IN CERTIFYING CAUSES	DINGS CONSIDERED S OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If in Boltimore Cit	y, give exact location)
03	21D. TIME (Month) (Doy) (Year) (H	Hour) 21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
8	(APPROX)	While At Not While At Work		à	
	22. I certify that (I) (this hospital) at	ttended the deceased fram	1956 19	10 tu	220 1007
	that (1) (we) last saw the deceased al	live on Jule 2	12 " 1	\ \ \ -	death accurred an the date
	and haur and from the couses stated	abave. (1) (Well(dtd) (did not) vi	ew the bady after death.	i	
	23A. SIGNATURE			1	B. DATE SIGNED
	Mas I, William	u Gall M.D. Atter	Med. S	hys.	lue 23 1961
	23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	1	
	Louis P. Hamb	ourger M.D.	1001 St. Pa	aul Street	
24/	BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or CREA			own, or county) (State)
	Burial 6/26/67	7 Woodlawn	Re	altimore Co	untr Ma
25		B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	JUN 26 1967 - 1	C & E, Starley MA	Henry W. Jer 4905 York Ro	nkins & Son oad - Balto	s Co Md. 21212
VS	150-REV, 1/1/65		100		



VS 150-REV. 1/1/65

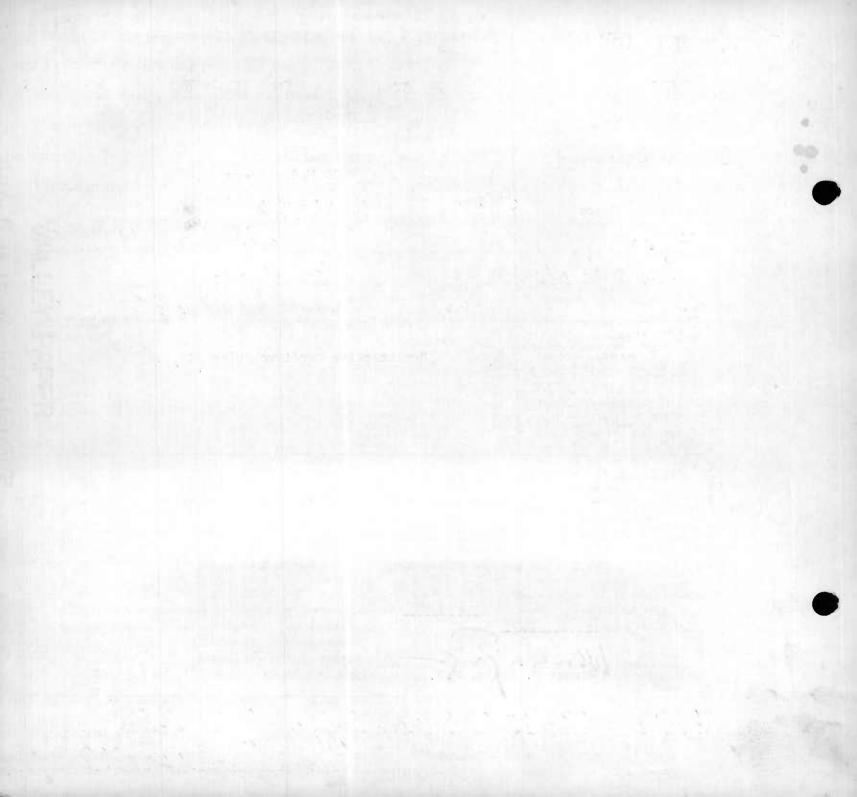
BALTIMORE CITY HEALTH DEPARTMENT



N-2/3 BIRTH NG

		DALIMORE CITT	EALTH DEI ARTMEITT		OF	011
יריו	G1 AA MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH Registered Na	.61	0.1.4

M.E. CASE NO.					
1. NAME OF DECEASED (Type or Print)	2, DATE AND HOUR PRONOUNCED DEAD				
NELLIE NESBIT	June 25, 1967 12:20 A.M.				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore				
4014 Maine Avenue	D. STREET ADDRESS (If rurol, give locotion) 4014 Maine Avenue				
5. SEX 6. RACE 7. MARRIED, NEVER/MARRIED WIDOWED, DIVORCED (specify) Female Negro MARRIED WIDOWED, DIVORCED (specify) 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRE done daring most of working life, even if retired)	B. DATE OF BIRTH B. DATE OF BIRTH P. AGE (In yeors lost birthdo Months Doys Hours Min. Months) Months Doys Hours Min.				
13. FATHER'S, NAME 14. S. WAS DECEASED EVER 410 U.S. ARMED FORCES? 16. SOCIAL	14. MOTHER'S MAIDEN NAME 17. INFORMANT ADDRESS				
Yes, no or ynknown) (If yes, give wor or dotes of service) SECURITY NO.	Marine healt turist manal dad				
This does not meen the mode of dying e.g., heori foilure, osthenio, etc. It means the diseose, injury or complication which coused death.) ANTECEDENT · CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CD II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	tensive Cardiovascular Disease				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED				
₹ 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.,	in certifying Causes of Death? in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?				
OF INJURY APPROX.) The Month (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK					
I certify that I held an Inquiry Inspection X Acres Ac	CHIEF MEDICAL EXAMINER DATE SIGNED				
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify) 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	or CREMATORY 23D. LOCATION, (City, town, or county) (Stote) (Stote) (Stote) (Stote) (Stote) (Author) (Stote) (City, town, or county) (Stote) (Author) (Stote) (Stote) (Author) (Stote) (Author) (Stote) (Author) (Stote) (Author) (Stote) (Author) (Stote) (Stote)				
24A. DATE REC'D BY HEALTH DEPT. 24K NAME OF REGISTRAR VS 151-REV. 1/1/65	Lyton L. Hagain 2427 W. hort				





BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

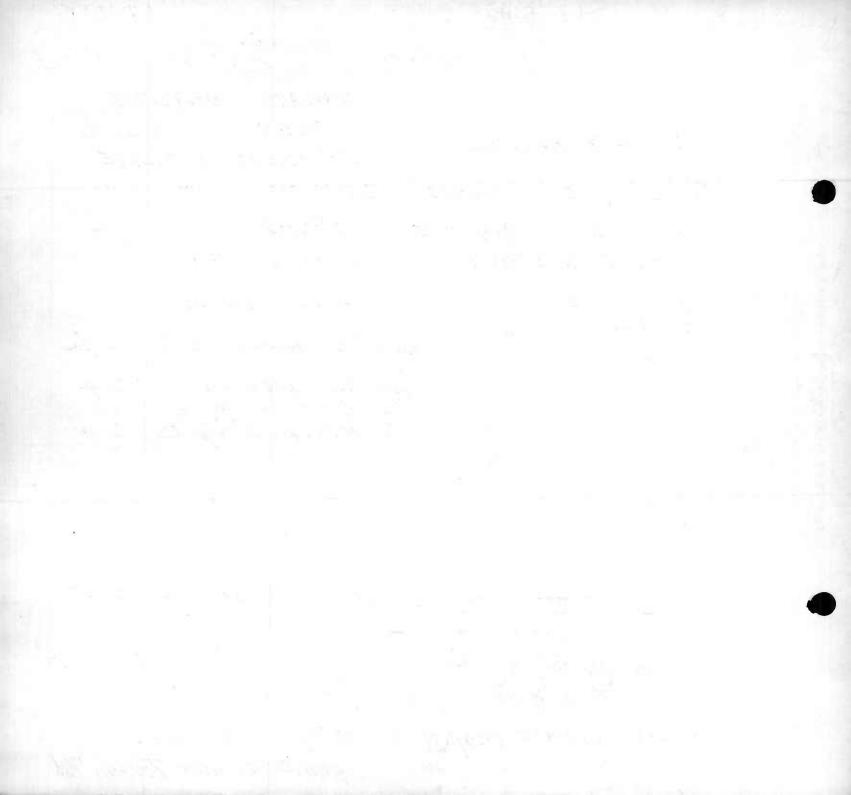
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contributing IMPORTAN DIRECTOR: FUNERAL hospital the

and



67	6147 BALTI	MORE CITY HEALTH DEPART	MENT	67 64 10
BIRTH NO.	CER	TIFICATE OF DEA	ATH Registered Na.	01 0147
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	INA PARIE	12.	DATE AND HOUR OF DEATH	3.33 A.
3. PLACE OF DEATH IN BALTIMORE,		4. USUAL RESIDER	NCE (Where deceased lived, If in	nstitution: residence before odmission)
FULL NAME OF (If not in hosp HOSPITAL OR oddress or loc INSTITUTION	ital or institution, give street ation)	C. CITY OR TOWN	(If outside city limits, write	MORE RURAL ond give township)
UNIVERSITY P	HOSPITAL	D. STREET ADDRES	SON 55 (If turo), give location) UEGHANY A	VENUE
5. SEX 6. RACE FEMALE NHITE 10A, USUAL OCCUPATION Give kind of	7. MARRIED, NEVER MAR WIDOWED, DIVORCED MARRIED	(specify) B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retire 13. FATHERS NAME		444000	AND	WHAT COUNTRY?
CLAUDIUS R.	All and a second	LAURA	M. LUMPKIN	
15. Was Deceased Ever in U. S. Armed (Yes, no or unknown) (If yes, give wor or NONE	Forces? dotes of service) 1 6. SOCIAL SECURITY	FAMILY	RECORDS	ADDRESS
DISEASE OR CONDITION LEADING TO DEA		AUSCENTER OF DEATH	neum y Ante	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode heart failure, asthenia, etc. It me injury ar camplication which cau	ans the disease,	DUE TO	attendata	5 m
ANTECEDENT CAU DISEASES OR CONDITIONS, rise to the above cause to underlying condition lost.	if any, giving	C) Ald Myoro	when sin	2 ys
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT I DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. (WAS	RELATED TO THE IG IT. CONDITION FOR WHICH OPERA	ATION 20A. AUTOPSY?	(Yes or No) 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
	PERFORMED 21B. PLACE OF IN	NJURY (e.g., in or about 21C. WHE ry, street, office bldg., INJURY O		e City, give exoct locotion)
DEATH (notify medical examiner)	etc.)		/ DID INJURY OCCUR?	
Z1D. TIME (Month) (Doy) (Y. OF INJURY (APPROX.)	While At Work	Not While At Work		
22. I certify that (I) (th is hesp that (I) (we) last saw the dece	/ 2	fram May 2 - 6 7 19	195 ta api	nian death accurred an the date
and haur and fram the causes	stated abave. (+) (War (did)	(did nor) view the bady after		23B, DATE SIGNED
1/4/ 5. St	wishen In	M.D. Attending Med Dire	d. Stoff Ctor Phys.	6-22.67
23C. PHYSICIAN'S NAME (Type)	y. Swishen	JAM.D. UNIV	· Hosp Be	et, nd
Parial Cremation, 248. Date Burial Specify	24. 1967 Prosheci	+ Hill Cemetery	Towson, M	ity, town, or county) (State)
JUN 27 196	258, NAME OF REGISTRAL	Bey MAL 25C UNEXAL	Burne Sone,	Towson, Mid.
VS 150-REV. 1/1/65				



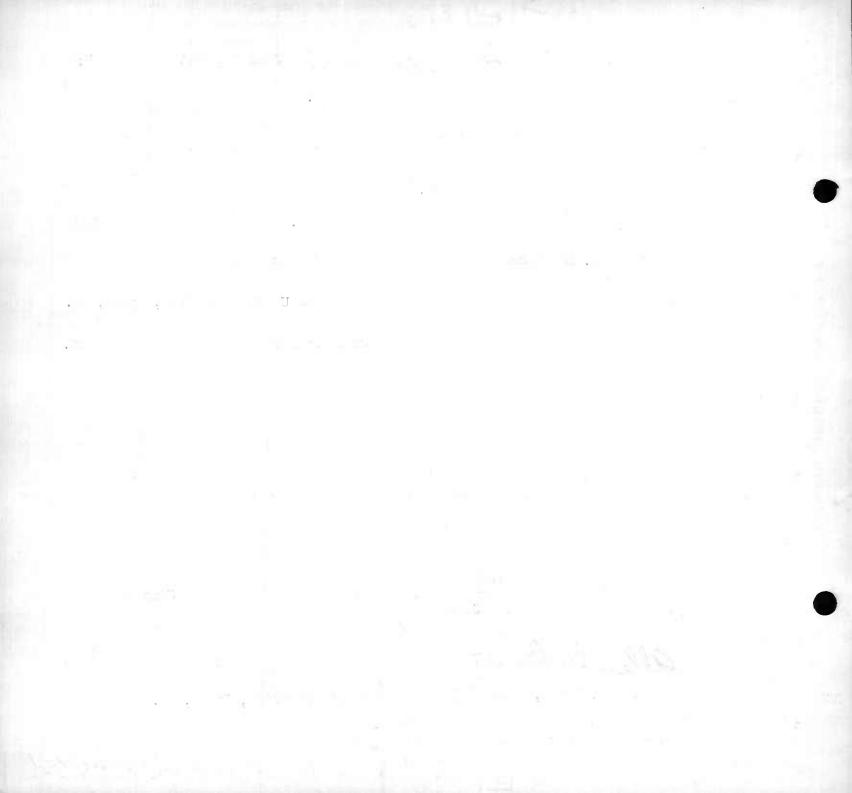
	1.0	HEALTH DEPARTMENT		CM OLIS
BIRTH NO. M.E. CASE NO. 67 614	CERTIFICA	TE OF DEATH	Registered No.	6148
1. NAME OF DECEASED	William J.	77	AND HOUR OF DEATH	3
William Va	ua>	6	,-25-67	1:53 P.M
3. PLACE OF DEATH IN BALTIMORE, MARYLANI	D	A. STATE B. COL		nstitution: residence befare admission)
FULL NAME OF (If not in haspital or insti	tution, give street	ped.	Baltimore	
HOSPITAL OR address or location) INSTITUTION				RURAL and give township)
5 -1 -1			- Sparrows Po	int 53 co
Church Home	\$ 1705 n	o. sikeel Abbress	14 54.	
		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	RRIED, NEVER/MARRIED DOWED, DIVERCED (specify) Married		last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KI		6/21/1902 11. BYRTHPLACE (State or fo	areign country)	12. CITIZEN OF
dane during mast of warking life, even if retired)	TIRED		,	WHAT COUNTRY?
Gen. Foreman	ETH STEEL CO.	HUNGARY		U. S. A.
3. FAIHERS NAME		14. MOTHER'S MAIDEN N	AME	
JAMES VADAS		MARY ?		
5. Was Deceased Ever in U. S. Armed Farces? Yes, no ar unknown) (If yes, give war ar dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT (Wife)	* *	ADDRESS Maryland
No	213-07-0039	Mrs. Matilda	Vadas, 1116	"H" St. Sparrows P
18.	CAUSE O		,	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	5		- 1	ONSET AND DEATH
LEADING TO DEATH	(A)F	wimmany E	-alma	few hours
(This does not mean the made of dying, heart failure, asthenia, etc. It means the di	e.g., DUE TO	Internay E Ostal Cès		
injury ar camplication which caused death.	ρ	natal Cox	1. lie	Signal UN .
ANTECEDENT CAUSES	(B) DUE TO	00121 93	00000	soce yos
DISEASES OR CONDITIONS, if ony,				V
rise to the above cause (A) stating	g the (C)	000000000000000000000000000000000000000		
II				
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	Yes Yes	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	n ar about 21 C. WHERE DID	(If in Baltimare	e City, give exact lacation)
▼ DEATH (natify medical examiner)	elc.)	ince bidg., into ki occok:		
21D. TIME (Manth) (Day) (Year) (Hau	21E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
ĕ OF INJURY (APPROX.)	While At Nat Whi			
	Wark			2
22. I certify that (I) (this hospital) atter	nded the deceased from	- / -	19 67 to (6-25 1967
that (I) (we) lost saw the deceased aliv	e on 6-23	19 6 7 ond	that in (my) (our) opi	nion death accurred on the dat
and haur and from the causes stated abo	ave. (I) (We) (did) (did nat)	view the bady after deatl	h.	
23A. SIGNATURE			and the same of th	238. DATE SIGNED
Lodelin In	M.D. Att	ending Med. Director	Staff Phy s.	6-25-67
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1 11	1/ 14 0
Lo delia 1	1. Lini M.D.	Elen	ch Home ?	Hornital
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ity, tawn, or county) (State)
REMOVAL (Specify)	Meadowridge Memor			
	AME OF REGISTRAR	25C. FUNERAL DIRECT		orsey, Maryland
11IN 9 7 1067 A C	of & Sarker MA			Ave. Dundalk, Md.
JUNG 1501 UIGH	1070 at 1 moderning		3	, , , , , , , , , , , , , , , , , , , ,
/S 150-REV. 1/1/65				



	AME OF DECEASED e or Print) Amelia	BRZENZ	ZA/C - ZIIT	nd hour of death le 22, 1967	7:10 A
3. P	LACE OF DEATH IN BALTIMORE, MA	ARYLAND SRZENZ	14. USUAL RESIDENCE (Wh	ere deceased lived. If i	institution: lesidence befale admissi
	FULL NAME OF (If not in hospital		Md.	NTY	27-03
-	HOSPITAL OR address or location	or institution, give street in)	C. CITY OR TOWN (IF o		RURAL and give tawnship)
U	S Public Health Serv	vice Hospital	Baltimore		
3	100 Wyman Park Drive	e	D. STREET ADDRESS (1) 49082 Ha	rurol, give location) rford Road	
5. S	F 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH 12/21/79	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Min
	USUAL OCCUPATION (Give kind of wore during most of working life, even if refired) Housewife	k TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Md.	reign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHERS MAIDEN NA	AME	
	Robert E. Hand	loser	Barbara 1	Mann	
15. V	Nos Deceosed Ever in U. S. Armed Fo ,na or unknown) (If yes, give wor or dot	rces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no	none	Records- US F	'HS Hospita	l, Balto, Md.
	18. 19921	CAUSE C			INTERVAL BETWEEN ONSET AND DEATH
	DISÉASE OR CONDITION DI LEADING TO DEATH	RECTLY	Carcinomatosis		6 mos.
	(This does not mean the made of heart failure, ostherio, etc. It means injury at camplication which caused	the disease,			
	ANTECEDENT CAUSES	(B)			00 11 11 00 00 00 00 00 00 00 00 00 00 0
	DISEASES OR CONDITIONS, if tise to the above cause (A)	any, giving			
	UNDERLYING CONDITION lost.	310mig me (C)			
ATION	OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL, DISEASE OR CONDITION CAUSING	ATED TO THE			
ERTIFIC/	19A. DATE OF OPERATION 19B. CON	NDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID flice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
AEDI	21 D. TIME (Month) (Doy) (Year) OF INJURY		21 F. HOW DID IN	JURY OCCUR?	
2	(APPROX.)	While At Not Whi Work At Work	le		
	22. I certify that (1)(this haspita	I) ottended the deceased fram	May 8	19 67 to J	une 22 19 6
		ed alive on June 22			inian death accurred on the
		ted above. (1) (We) (did) (did/n/oy)	view the body after death	•	
	23A. SIGNATURE	Baselt M.D. AH	ending Med.	Stoff Top	23B, DATE SIGNED
	23C. PHYSICIAN'S	Phy	23D. ADDRESS	Stoff Phys. X	6/22/67
	NAME Allen B. Bredt	Surg (R) M.D.		al Balto M	id.
24A	PORIAL CREMATION, 24B. DATE	24C MANNE OF CEMETERY OF GR		LOCATION (C	ony town, or caunty) (Sto
25.6	sureal 6/14/	61 Joudn CL	Cours 6	yall,	INA
LUA	AUN 27 1967	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	00 111 00	067 Hay R
	- AUR 6 1 100/	THE SELECT STATE OF THE SE		- rueva	V. 7

FUNERAL DIRECTOR: IMPORTANT

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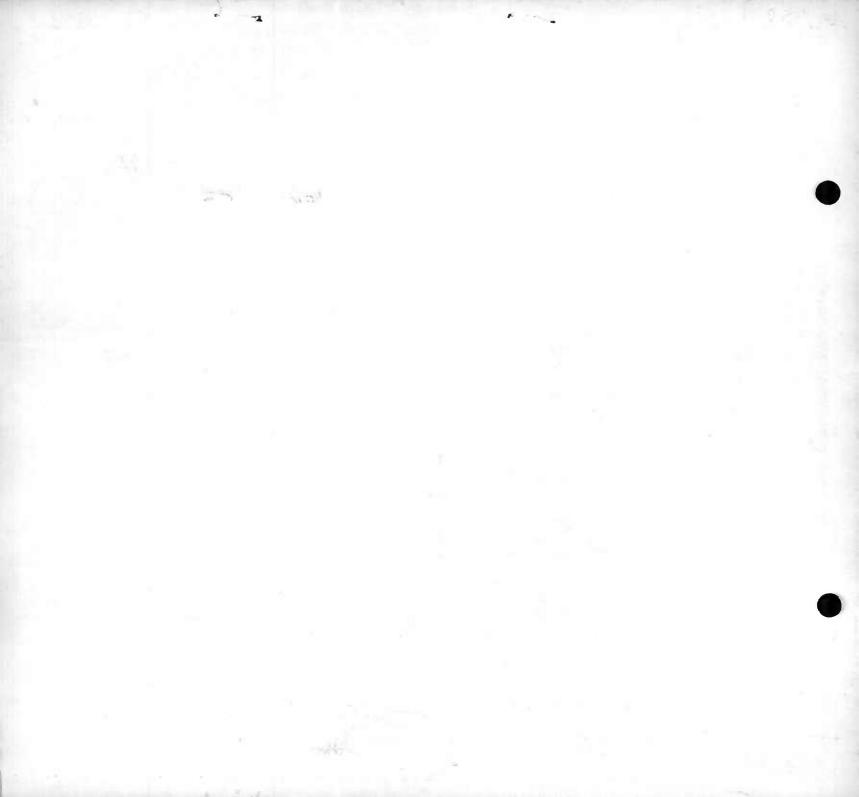
BALTIMORE CITY HEALTH DEPARTMENT

THE IS THE REPORT OF THE PARTY Til Fox sod I sa Finale while 4. 2000 07-13-1918 88 Mary and 31.481.4011 August Lowensen Elizabeth Serbert Way Javence F Miller do-pike The of the one had been a start of THE WATER I LEVEL WILL Pathwaren Warshare [1] The Kesternak have germalle decides and print \$100 100 160 Given but C SSL , TZ TIE L D FF O TL HOSP INL

-	67 61	BALTIMORE CITY	HEALTH DEPARTMENT	OP	01=1
	BIRTH NO. 67. 12 17	CERTIFICA	TE OF DEATH	Registered No. 5	6151
	M.E. CASE NO. I. NAME OF DECEASED	7	2. DATE AN	HOUR OF DEATH	
	(Type or Print) RARY GIRL DAL	x mxn	6/2/10	7-4:56	P
	3. PLACE OF DEATH IN BATIMORE, MARYLAND	271071	4. USUAL RESIDENCE (Where	deceased lived. If institution	residence before admission)
			A. STATE B. COUNT	aniti	1-17
	FULL NAME OF (If not in hospital or institution, give hospital OR oddress or location)	., -//	CITY OR TOWN III OUR	ide city limits, write RURAL	ond give township)
	INSTITUTION The Johns Hopkin	s Hospital	12-14	moRE.	91215
-	20 1	MA 2405		ural, give location)	2/2/3
Ď	BAITIMORE 1	Mu-200	2514 C	ullen au	2
3	5. SEX 6. RACE 7. MARRIED WIDOW	E JAE A	B. DATE OF BUTH	AGE (In years If Ur St birthday) Month	nder 1 Yr. If Under 24 Hrs.
	F N min	PRIED	6/20/67	pst birmdoy) /vionii	94 2
2	10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF PC	JEINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig		ITIZEN OF
2	done during most of warking life, even if retired)	SIA	MARUEN	101	1150
2	13. FATHER'S NAME		14. MOTHER'S MALDEN NAM	I.E	uon
2	LONNIE B. Solom	a al	Man	B Neu	150 mg
5	15. Was Deceased Ever in U. S. Armed Forces? 16	S SOCIAL	17. INFORMANT	p. /vea	ADDRESS
3	(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	1		
	700	NIA			
5	18. 7.5 4.51	CAUSE OF			ONSET AND DEATH
3	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CARMIAN	APPRIT	5 minto
	(This does not mean the made of dying, e.g.,	DUE TO	C // rewpie	7, 2, 2, 2, 1	Trumases
3	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		p - 0./.	200	- 2/2
b	ANTECEDENT CAUSES	(B)	CARDAC Respirator	4 ITKKESI	Shes
0	DISEASES OR CONDITIONS, if any, giving	·IDa	(21/2	1 1/2 / 1	
3	rise to the obave cause (A) stating the UNDERLYING CONDITION lost.	possural	SNGENITAL	MEDIT OU	lare -
	l II	,			
		1 km e	_		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	100 100			
	19A. DATE OF OPERATION 19B. CONDITION FOR WHI	ICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDIN	GS CONSIDERED F DEATH?
מ	U 21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INITIANY	or obout 2 C. WHERE DID	(If in Boltimore City,	
		lorm, foctory, street, off	fice bldg. NJURY OCCUR?	tit in sommore City,	give exoct locotion/
2			015 110 11 11 11 11		
	S OF INJURY	At Not While	21F. HOW DID INJU	RY OCCUR?	
3	(APPROX.)	At Work		1-7	1-1-
2	22. I certify that (I) (this hospital) attended the	1/01	0	06/10/4	2/ 196/,
2	that (I) (we) lost sow the deceased alive on		(t in(my) (our) opinian d	eath occurred on the date
2	ond hour and from the causes stated above. (1) (We) (did) (did not) v	iew the body ofter death.		
	23A. SIGNATURE	Alle	nding Med.	Stoff 23 B. D	ATE SIGNED
5	remu p. Bray	110 Phys	Director	hys. 6	12/16/
5	23C. PAYSICIAN'S	20.1.6.1	23D. ADDRESS	Vinela blan	- POD 110
7	JAMES D.IDK	HY TON M.D.	The yohns Ho	10115110H	rest. Md.
3	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAM	E of CEMETERY OF CRE		1.1	n, or county) (Stote)
)		S HOPKINS H		TIMORE, MARYLA	
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF A	REGISTRAR TO LONG MAIN	25C, FUNERAL DIRECTOR		ADDRESS
•		* Arrestachi mi			
	VS 150-REV. 1/1/65		1 1 1 1		

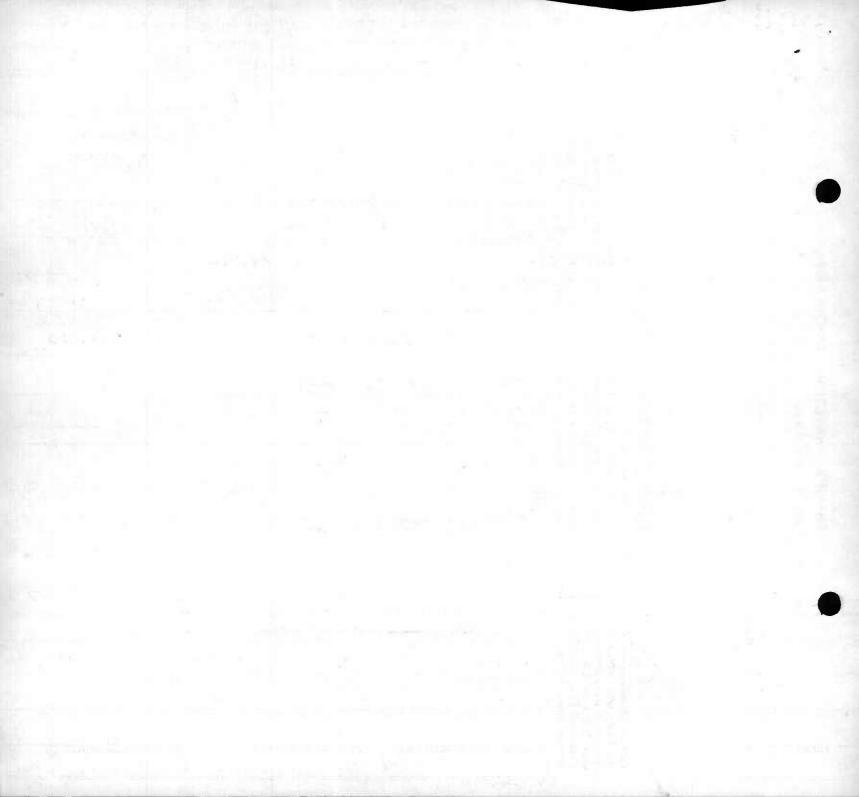
to go has the private sports BAITIMORE 2/3/8 D'ATIONS Mile 2 con 2574 Caplora auc 109,999,60 MARY AND all in LONNIE B. Solomon MARGE B Nicoscone No CARDER PERCET RespiRatory ARREST ... Com possible a sig out , has Heart during -Lone 183 James B. Beryton the Johns Hopkins to

	The or Print) BELLE	LEVIN	CERTIFICA	2. DA	TE AND HOUR OF DEATH	6
3.	PLACE OF DEATH IN BALTIM	ORE, MARYLAND		A STATE R	(Where deceased lived. If i	nstitution: residence bef
	HOSPITAL OR oddress	hospital or institution, or location)	, give street	MARYIAI	(If outside city limits, write	PIIPAL and give town
-	INSTITUTION			BALTINE	ORE	2
2	SINAI HOSPITAL	OF BALI	TIMORE	3922 W	(If rural, give location) 1. GARRISO	ON AUS
5. !	SEX 6. RACE		D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH 18	93 9. AGE (In years lost highday) 74	If Under 1 Yr. If Months Doys Ho
	A. USUAL OCCUPATION (Give ki		F BUSINESS OR INDUSTI	Y 11. SIRTHPLACE (Stote	56/3 P (56/-34/-1)	12, CITIZEN OF
don	HOUSEWIFE		НОМЕ	LATVIA		WHAT COUNT
13.	FATHER'S NAME	- Al	TIV/ML	14. MOTHER'S MAIDE	N NAME	USA
1.5	BARNEY KOPKINS			MOLLIE	?	
15. (Ye	BARNEY KOPKINS Was Deceased Ever in U. S. A s, no or unknown) (If yes, give w	or or dotes of service)	SECURITY NO.	17. INFORMANT	·	ADDRESS
_	NO I		UNKNOWN	MRS. MINNI	E KAHN, 6402 PA	
	DISEASE OR CONDIT	TON DIRECTLY				INTERVAL ONSET AN
	LEADING TO	DEATH	(A) Ae	UTE MYOC	ARDIAL ARCTION	TOPS
	(This does not mean the inheart failure, asthenia, etc.	II means the disease	., DUE TO	INF	ARCTION	
	injury or complication which		(B)		D* 400000 44 44 44 44 44 44 44 44 44 44 44	
	DISEASES OR CONDITION					
		se (A) stating the	e (C)			
	rise to the above cau UNDERLYING CONDITION	last,				
	UNDERLYING CONDITION	last.				
TION	UNDERLYING CONDITION	TIONS CONTRIBUTIN	NG			
FICATION	UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT N DISEASE OR CONDITION CA	TIONS CONTRIBUTING TRELATED TO TAUSING IT. 9B. CONDITION FOR	NG HE		or No) 208. IF YES, WERE	FINDINGS CONSIDER
ERTIFICATION	UNDERLYING CONDITION II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT N DISEASE OR CONDITION CA	TIONS CONTRIBUTING TRELATED TO TAUSING IT. 9B. CONDITION FOR WAS PERFORMED	NG HE WHICH OPERATION	20 A. AUTOPSY? (Yes	or No) 208. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?
CERTIFIC	UNDERLYING CONDITION II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT N DISEASE OR CONDITION CA 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDEF OR CONTRIBUTING CAUSE	TIONS CONTRIBUTING TO TRELATED TO TO THE CONTRIBUTION FOR WAS PERFORMED REVING 21 ho	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, factory, street,	20 A. AUTOPSY? (Yes	or No) 208. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?
CAL CERTIFIC	UNDERLYING CONDITION II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT N DISEASE OR CONDITION CA 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDEF OR CONTRIBUTING CAUSE DEATH (notify medical exomin 21D. TIME (Month) (Day)	TIONS CONTRIBUTING TO TRELATED TO TAUSING IT. 9B. CONDITION FOR WAS PERFORMED REVING 21 ho etc	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, factory, street,	in or obout 21 C. WHERE office bldg., INJURY OCC	or No) 208. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?
AL CERTIFIC	UNDERLYING CONDITION II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT N DISEASE OR CONDITION CA 19A. DATE OF OPERATION II 21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical exomin	TIONS CONTRIBUTINOT RELATED TO T USING IT. 9B. CONDITION FOR WAS PERFORMED RLYING 21 ho et (Yeor) (Hour) 21 w	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, factory, street, c.) E. INJURY OCCURRED (hile At Not W)	20 A. AUTOPSY? (Yes	or No) 208. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?
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CAL CERTIFIC	UNDERLYING CONDITION II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT N DISEASE OR CONDITION CONDITION TO THE DEATH BUT N DISEASE OR CONDITION TO THE DEATH (notify medical examin Cause DEATH (notify medical examination of the cause DEATH	TIONS CONTRIBUTINOT RELATED TO T AUSING IT. 9B. CONDITION FOR WAS PERFORMED RETING 21 ho er) 21 W W W whas pitol) ottended deceosed olive on	WHICH OPERATION B. PLACE OF INJURY (e.g., me, farm, factory, street, c.) E. INJURY OCCURRED While At At Work the deceased from	20 A. AUTOPSY? (Yes	or No) 208. IF YES, WERE IN CERTIFYING CA	inian death occurre
CAL CERTIFIC	UNDERLYING CONDITION II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT N DISEASE OR CONDITION CA 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical exomin 21D. TIME (Month) (Day OF INJURY (APPROX.) 22. I certify that (this that (we) lost saw the	TIONS CONTRIBUTINOT RELATED TO T AUSING IT. 9B. CONDITION FOR WAS PERFORMED RETING 21 ho er) 21 W W W whas pitol) ottended deceosed olive on	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, factory, street, c.) E. INJURY OCCURRED (hile At Not Wildow) the deceased from (We) (did) (did (did (did (did (did (did (d	20 A. AUTOPSY? (Yes	OT No. 208. IF YES, WERE IN CERTIFYING CAUR? OID (If in Baltimo UR?) ID INJURY OCCUR?	re City, give exoct loca
CAL CERTIFIC	UNDERLYING CONDITION II OTHER SIGNIFICANT CONDITION THE DEATH BUT N DISEASE OR CONDITION CATEFORM TO THE DEATH BUT N DISEASE OR CONDITION CATEFORM TO THE DEATH (notify medical examination of Injury (APPROX.) 21. I certify that (this that (We) lost saw the ond (hour and from the court of	TIONS CONTRIBUTINOT RELATED TO T AUSING IT. 9B. CONDITION FOR WAS PERFORMED RETING 21 ho er) 21 W W W whas pitol) ottended deceosed olive on	WHICH OPERATION B. PLACE OF INJURY (e.g., me, farm, factory, street, c.) E. INJURY OCCURRED While At At Work The deceased from (We) (did) (did M.D. A	20 A. AUTOPSY? (Yes	or No) 208. IF YES, WERE IN CERTIFYING CA	inian death occurre
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MEDICAL CERTIFIC	UNDERLYING CONDITION II OTHER SIGNIFICANT CONDITION THE DEATH BUT N DISEASE OR CONDITION CA 19A. DATE OF OPERATION I 21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical exomin 21D. TIME (Month) (Day OF INJURY (APPROX.) 22. I certify that (this that (we) lost saw the and (hour and from the cou 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 124B.	TIONS CONTRIBUTING TRELATED TO TO TO THE PROPERTY OF THE PROPE	WHICH OPERATION B. PLACE OF INJURY (e.g., me, farm, factory, street, c.) E. INJURY OCCURRED While At At Work The deceased from (We) (did) (did M.D. A	20 A. AUTOPSY? (Yes	OT No) 20B. IF YES, WERE IN CERTIFYING CA	inian death occurre
MEDICAL CERTIFIC	UNDERLYING CONDITION II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT N DISEASE OR CONDITION CA 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDEF OR CONTRIBUTING CAUSE DEATH (notify medical exomin 21D. TIME (Month) (Day OF INJURY (APPROX.) 22. I certify that (this that (we) lost saw the and hour and from the cou 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. REMOVAL (Specify)	TIONS CONTRIBUTING TRELATED TO TO TRELATED TO TO TRUSING IT. 9B. CONDITION FOR WAS PERFORMED RETING (Year) (Hour) 21 WW. W.	WHICH OPERATION B. PLACE OF INJURY (e.g., me, farm, factory, street, c.) E. INJURY OCCURRED Not Wilder At Work The deceased from M.D. Apple of CEMETERY of C	20 A. AUTOPSY? (Yes	or No) 20B. IF YES, WERE IN CERTIFYING CADID (If in Baltimo UR? 10 INJURY OCCUR? 10 INJURY OCCUR? 10 Injury occur? 11 Injury occur? 12 Injury occur?	inian death occurre



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital	he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of c	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decc	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance or	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death.	written grand must be obtained before the remains are embalmed or final disposition is made.
•	rrificate must be approved by the	dy was released to the hospital	(1) An accident of any nature; (2	.O.A. at a hospital (except where	sed prior to death); and (6) No p	a annual must be obtained hefe

	BALTIMORE CITY	HEALTH DEPARTMENT		05
BIRTH NO. M.E. CASE NO. 67 61.	53 CERTIFICA	TE OF DEATH	Registered Na	67 6153
1. NAME OF DECEASED MOVUS	Stark	2. DATE AN	D HOUR OF DEATH	10 P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	e deceosed lived. If instit	tution: residence before admission)
FULL NAME OF (If not in hospital or instituted and		c. CITY OR TOWN (If out	side city limits, write RU	RAL ond give township)
) 4613 Vaile Heleg	lite one	D. STREET ADDRESS (III	urol, give location)	71-18
5. SEX 16. RACE 17. MAR	ALED, NEVER MARRIED	3 3 10 A	AGE (In years	A
Male White MIDE.	WED, DIVORCED (specify)	July 5, 1882	ost birthday) gn country)	Wonths Doys Hours Min.
dopo during most of working life-even if retired) Shatthef Tailor Sh	as Lebour	acistica		WHAT COUNTRY?
13. FATHER'S NAME Publication	1	14. MOTHER'S MAIDEN NAM	W	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv		17. INFORMANT US OSCON GOLD	loten-631	8 Grenspriga
DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH Levil A Sie He	AT Street	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. It means the disc injury or complication which caused death.)	die	botes Mel	litis	6 years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ginise to the above cause (A) stating UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		has		
19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If in Boltimore C	City, give exact facotion)
21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While At Work	21 F. HOW DID INJU	JRY OCCUR?	
22. I certify that (I) (ship hospital) attend	led the deceased fram	guey 15 1	961 to gus	- 22 1967
and haur and fight the causes stated above			at in (my) (var) apini	on death accurred an the da
23A. SIGNATURE Law Level Lev		nding Med.	Stoff Phys.	38. DATE SIGNED 6 23/69
23C. PHYSICIANS NAME (Type) MANHEL LE	11N M.D.	3D. ADDRESS 4818 REIS	TERSTOW	N ROAD
Bernal June 23/67	Petach Tw	knah 240 ge	redale,	town, or county) (Stote)
JUN 27 1967 (P.C.	ME OF REGISTRAR	259 FUNERAL DIRECTOR	Bise-6010	Rest. Ros
V\$ 150-REV. 1/1/65	14 (2)			



BALTIMORE CITY HEALTH DEPARTMENT 6154 Registered No. CERTIFICATE OF DEATH BIRTH NO. Such Deceased M.E. CASE NO. deat 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) HO 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE

B. COUNTY 3 hospital death. of 3. PLACE OF DEATH IN BALTIMORE, ance (2) MD cause FULL NAME OF (If not in hospital or institution, give street oddress or location) (If outside city limits, write RURAL and give township) attend INSTITUTION 0 prior D. STREET ADDRESS etermined made 9 5. SEX MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours : Min. DE lost birthdoy Hours deceased regu 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? death = done during most of working life, even if retired) (4) Und USA Was 14. MOTHER'S MAIDEN NAMI 13. FATHER'S NAME IMPORTANT HANNAH eath LO 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS HOWARD RUBIN. final (Yer, na grunknown) (If yes, give war or dotes of service) attendance GIST Avenue CAUSE OF DEATH INTERVAL BETWEEN or ONSET AND DEATH DISEASE OR CONDITION DIRECTLY WEGICS-P embalmed PIUERTICULOSIS LEADING TO DEATH (This daes not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, gular DIRECTOR: injury at camplication which caused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. the remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING FUNERA TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes TNO) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED LOWER BLEEDING obtained before 21A. ACCIDENT WAS UNDERLYING 218 PLACE OF INJURY (e.g., n or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF °Z ospital MEDICAL DEATH (notify medical examiner) etc.) (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on Zond that In(my) (our) opinion death occurred in the date 0 and hour and from the causes stated above. (1) (We) (did not) view the body after death. hospit must 23A. SIGNATURE 23 B. DATE SIGNED M.O. Attending Stoff 0 written approval Phy s. 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior ŧ 24A. BURIAL CREMATION, DATE 4C. NAME of CEMETERY OF CREMATORY eceased 0.0 REMOVAL (Specify) shows: Burial 6/25/67 Bhai Ishao SD 25C. FUNERAL DIRECTOR 3 Sol Levinson & Bros. Inc., 6010 Reist., Rd. VS 150-REV. 1/1/65

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1. N	TH NO. E. CASE NO.	07	6155	CERTIFICA	TE OF DEATH	Registered No	. 6/ 615:
(Typ	DE OF DECI	TZ MAN	HORT	ense	2. DATE AI	22-6 ere deceased lived. If	7 10:10 A
l l	FULL NAME O HOSPITAL OR NSTITUTION	F (If not in hospital oddress or location	n)		MARYLAND C. CITY OR TOWN (IF or	N TY	e RURAL and give township)
	THE SC	ONNS HOPKINS	HOSPWIK	AL	3604 CLARINT		
5. 9	FEMALE	6. RACE WHITE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH 7-5-05	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
		JPATION (Give kind of work working lite, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	OUSEWI FE		AT H	OME	BALTIMORE, A	MARYLAND	USA
13.	FATHER'S NAA	A E					
15.		ID OCHS Ever in U. S. Armed For	ces?	1 6. SOCIAL	HELEN MANNAKON	INDIANA WI	CKENSTEIN ADDRESS
fY o		(If yes, give wor or dote	s of service)	SECURITY NO.			<i>x</i> · ·
_	NO	0 V I		219-26-1316 CAUSE O	F DEATH	BRENNER, 1	11 NORTH CHARLES ST INTERVAL BETWEEN ONSET AND DEATH
Z.	UNDERLYING	o obove couse (A) CONDITION last,					
ATIC	TO THE D	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING	ATED TO TH	E			
AL CERTIFICATIO	OR CONTRIBL	PEATH BUT NOT RELACED TO THE CONDITION CAUSING OPERATION 1985. CON WAS PER 11 NO WAS UNDERLYING THING CAUSE OF	ATED TO THE	WHICH OPERATION MA OF BRAN PLACE OF INJURY (e.g., in, forctory, street, of	NO n or about 21C. WHERE DID fice bldg, INJURY OCCUR?		E FINDINGS CONSIDERED CAUSES OF DEATH? ore City, give exact location)
CAL	OR CONTRIBL	PEATH BUT NOT RELACIONALISMS OPERATION 198. CON WAS PER	TED TO TH	WHICH OPERATION IPLACE OF INJURY (e.g., in the property of th	NO n or about 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN	(If in Boltim	nore City, give exact location)
CAL	OR CONTRIBL DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) we)	PEATH BUT NOT RELACONDITION CAUSING OPERATION 198. CON WAS PER TWO CAUSE OF MEDICAL STATE O	TED TO THE STATE OF THE STATE O	WHICH OPERATION PLACE OF INJURY (e.g., in the control of the cont	NO n or about 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN 6-13-67 and t	JURY OCCUR?	
CAL	OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) we) and haur and	PATH BUT NOT RELACED TO THE PART OF THE PA	TED TO THE STATE OF THE STATE O	WHICH OPERATION PLACE OF INJURY (e.g., in the control of the cont	NO n or about 21C. WHERE DID ffice bldg,, INJURY OCCUR? 21F. HOW DID IN	JURY OCCUR?	ore City, give exact location)
CAL	OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) we) and haur and 234. STON ATU	EATH BUT NOT RELACION OF THE PROPERTY OF THE P	TED TO THE STATE OF THE STATE O	WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, of the form) INJURY OCCURRED ile At Not While At Work the deceased fram (I) (We) (did) (did nat) while At Work At Work At Work At Work At Work	NO n or about 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN 6—13—67 2nd t view the bady after death.	JURY OCCUR?	ore City, give exoct location) 2 2 2 19 6 2 pinian death accurred an the da
MEDICAL	OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) we) and haur and 234. STENATU 236. PAYSICIA NAME (IT	EATH BUT NOT RELACION OF RELACION OF REACTION CAUSING OPERATION 198. CON WAS PER TO SERVICE OF MASS OF	TED TO THE TOTAL T	WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, of the form) INJURY OCCURRED ile At Not While At Work the deceased fram (I) (We) (did) (did nat) while At Work At Work At Work At Work At Work	NO n or about 21C. WHERE DID finder bldg., INJURY OCCUR? 21F. HOW DID IN 6-13-67 21F. HOW DID IN and the bady after death. Med. Director 23D. ADDRESS JOHNS HOPKING	JURY OCCUR? 19ta hat i (my) (aur) a	ore City, give exact location) - 2 2 19 6
WEDICAL AND	OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) we) and have and 234. STENATU 236. PAYSICIA NAME (I) JAMES A. BURIAL CRE REMOVAL (I) BURIAL	EATH BUT NOT RELACION OF RELACION OF REACTION CAUSING OPERATION 198. CON WAS PER TO SERVICE OF MASS OF	TED TO THE TED TED TED TED TED TED TED TED TED TE	WHICH OPERATION PLACE OF INJURY (e.g., in the, form, foctory, street, of the property of the deceased from	NO n or about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN 6-13-67 19	(If in Boltim JURY OCCUR? 19 ta	pinian death accurred an the da

BALTIMORE CITY HEAL! TH DEPARTMENT

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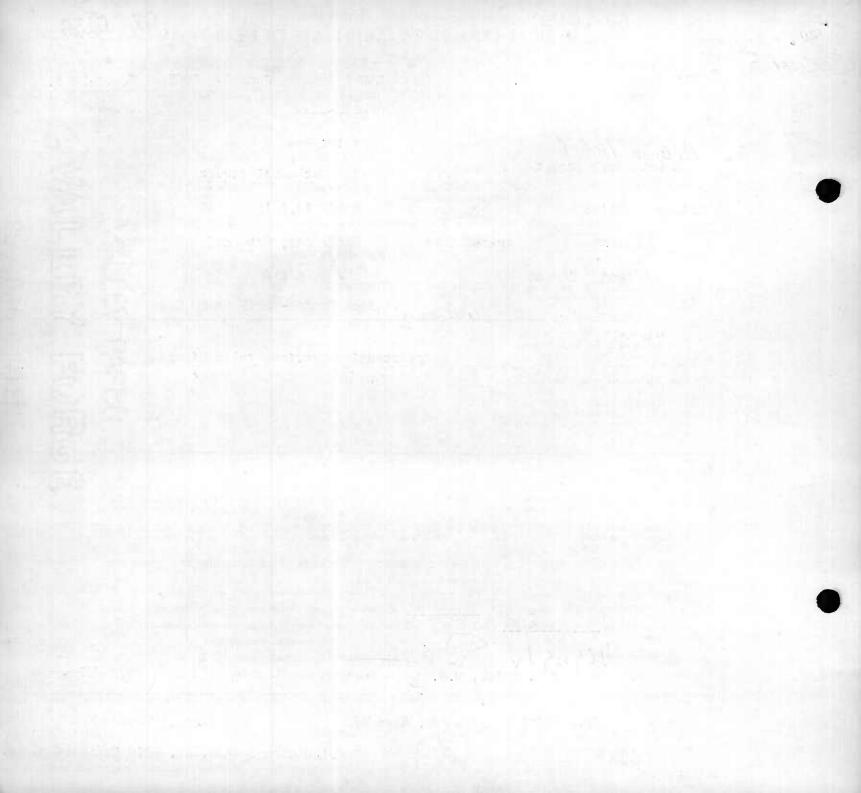
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BIRTH NO.

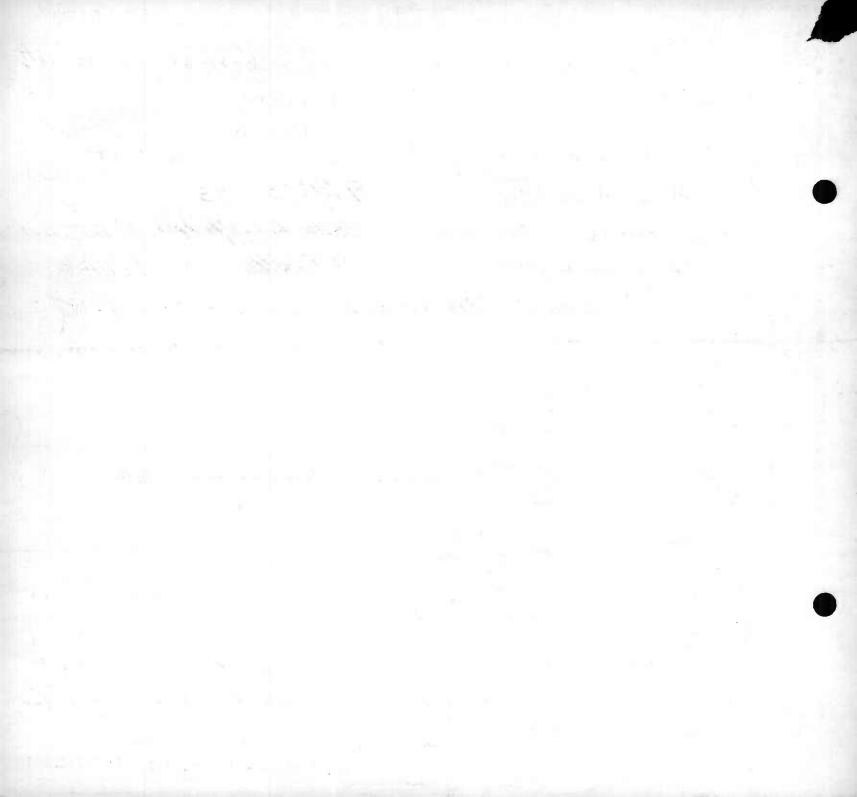
VS 151-REV. 1/1/65

61.56 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 61.56

WILL CASE NO.					
1. NAME OF DECEASED	RALPH	CAPLAN		e 23, 1967	2:30 P. M.
3. PLACE IN BALTIMORE, MARYLA	ND, WHERE PRONOUNCED D	4. USUAL RA. STATE Mary 1.		eceased lived. If insti B. COU	itution: residence befare odmissian)
FULL NAME OF HOSPITAL OR ADDRESS OF	HOSPITAL OR INSTITUTION, GI	C. CITY OR	TOWN (If outside	carparate limits, write	RURAL and give township)
Albion Hote	'.(imore		//
900 Cathedral St	treet		DDRESS (If rural,		
5. SEX 6. RACE	TZ AAABBIED NEWER A		Cathedral	9. AGE (In years	I K (II-d-: 1 V. K III-d-: 24 VI.
	7. MARRIED, NEVER A WIDOWED, DIVORCEI	D(specify)		lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male White	d of work 10B, KIND OF BUSINES	SS OR INDUSTRY 11. BIRTHPLA	CE (State or foreign	49	12. CITIZEN OF
dane during most of working life, even if Salesman		les Balt	imore. Mari		WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER	S MAIDEN NAME		
	Caplan	Mar	1 Potts/		
15. WAS DECEASED EVER IN U.S. (Yes, na or unknown), (If yes, give war		AL IT. INFORMA	.NT		ADDRESS
NO	7	Jack Co	aplan- 290:	5 Taney Roa	rd .
1B.	CLNR	CAUSE OF DEATH		1 1 1 1 1 1 1	INTERVAL BETWEEN
DISEASE OR CONDITI	ON DIRECTLY				ONSET AND DEATH
LEADING TO	DEATH	(A) Hypertensive	Cardiovasc	ular Diseas	se
(This does not mean the m	nade of dying, e.g., t means the disease,	DUE TO			
injury ar camplication which	caused death.)				
ANTECEDENT	CAUSES				0.00
DISEASES OR CONDITION	IS, IF ANY, GIVING	DUE TO			
RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	E (A) STATING THE				H P. 1024
Z		(C)			
E					
OTHER SIGNIFICANT COND TO THE DEATH BUT DISEASE OR CONDITION C.	OT RELATED TO THE				
DISEASE OR CONDITION C.		PERATION 20A. AUT	OPSY? (Yes at Na) 2	OB. IF YES. WERE FIR	NDINGS CONSIDERED
Ö /	'AS PERFORMED	204. 770		N CERTIFYING CAUS	
21A. EXTERNAL CAUSE WAS	21B. PLACE O	F INJURY (e.g., in ar about 21	C. WHERE DID (II	in Baltimore City, gi	ve exact lacation)
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	hame, fam, f etc.)	foctory, street, affice bldg. IN	JURY OCCUR?		
Z 21 D TIME (Month) (Day)	(Year) (Haur) 21 E. !NJU	RY OCCURRED 21	F. HOW DID INJUI	DY OCCUP?	
OF INJURY	WHILE AT		I. HOW DID INJUI	(I OCCOR:	
	m. WORK	AT WORK			
22. I certify that I held	an Inquiry Inspec	ctian X Autopsy	and that on this	basis, death in m	ny apinian
resulted from: Natu	ural causes X Accident	Suicide Ha	micide 🗌 U	ndetermined manne	er 🗌
		CHIE	F MEDICAL EXA	MINER	
SIGNATURE MUS	msh- Zn	M.D. ASSISTAN	T MEDICAL EXA	MINER X	DATE SIGNED
	ner U. Spite, M.		E MEDICAL EX	AMINER	6/24/67
23A. BURIAL CREMATION, 23B. D	ATE 230 NAME	at CEMETERY of CREMATOR	Y 23D. LO	CATION (City,	tawn, ar caunty) (State)
REMOVAL (Specify)	2 25/67 Beth 1	Ham. Bagodol		Baltimore,	Maruland
24A. DATE REC'D BY HEALTH DEP			NERAL DIRECTOR	owo dano ree	ADDRESS
JUN 271				Bros.Inc.	6010 Reistestown



		HEALTH DEPARTMENT		ON	CAFE
BIRTH NO. 67 61;	57 CERTIFICA	TE OF DEATH	Registered Na	67	PETO
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH		
(Type or Print) 5	NYDER	6	-24-67	1	10: 14
3. PLACE OF DEATH IN BALTIMORE MARYLAND	NYDER		deceased lived. If ins	siaai aai d	anna balasa adais
The state of the s		A. STATE B. COUNT	Y	mononi resiu	ence belore damis
FULL NAME OF (If not in hospital or institution	n give street	Marylani	d		
HOSPITAL OR oddress or location)	, give sincer		ide city limits, write RI	IRAL and ai	ve township)
INSTITUTION		2.11.		BILAL OILG GI	2 //
			ve		0-01
Church Home +	-16-0-6-1		ural, give location)	4 =	1
Church Home &	Mospital	288 SO	th Pallas	COUR	\mathcal{T}
	ED NEVER MARRIED	8. DATE OF BURTH 9			Yr. If Under 24
18.4 6 14.4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	WED, DIVORCED (specify)	13/1/892	ost birthdoy)	Months Do	ys Hours A
ale hite Marr		1/2/2012	130		
10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRE	11. BIRTH MLACE (Stote or foreig	in country) KUSSIG	12. CITIZEN	OF COUNTRY?
	Dealer			1	4
13. FATHER'S NAME	. veucer	14. MOTHER'S MAIDEN NAM	the state of the state of	TOU	neuce
1		MCORCOGOUX MAN	48/	λ	
Genjamin SNYDER)		KAPLAN	/) = A	14
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	INITI LIVY	UCA	DDRESS
Yes, no or unkno (n) (If yes, give wor or dotes of service	e) SECURITY NO.				
1/Allaning	548-24-3	623 Nathan Sn	udon-4141 P.	arb Ht	. Avonuo
18.	CAUSE C	F DEATH	WW. 7171	INT	ERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ON	SET AND DEAT
LEADING TO DEATH		Irterios elevo t	i How AD.	10 2 7	
(This does not mean the mode of dying, e	(A)	1 iems euro 1	ac Accord po-		years
hearl foilure, osthenio, etc. Il means the diseo					1
injury or complication which coused death.)					
ANTECEDENT CAUSES	(B)	***************************************			
DISSASSE OR COMPLETIONS II	DUE TO				
DISEASES OR CONDITIONS, if any, giv- tise to the above cause (A) stating					
UNDERLYING CONDITION last.	he (C)				
Z OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTION	OMC .	2			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	THE Parks	al arterio se	Penas : De	Rec	
DISEASE OR CONDITION CAUSING IT.		m acame se	cooks su	racce	,
19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CO	NSIDERED
WAS PERFORMED			III CERIII IIII CAU	JEJ OF DEA	VIII:
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,		(If in Boltimore	City, give e	xoct locotion)
	home, form, factory, street, a etc.)	ffice bldg., INJURY OCCUR?		,	
0	u i u i				
W OF INITIAL	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
(APPROX.)	While At Not Whi				
(A)	Work At Work				
22. I certify that (I) (this haspital) attende	d the deceased fram	6-24	9 67 to 4	-24	19 6
that (1) (we) last saw the deceased alive a	. N.C	67		:	
ind. (i) (we) idal sow the deceased dilve d	H	and tha	t in(my) (aur) apin	ian death (accurred an the
and haur and fram the causes stated above	• (I) (We) (did) (did nat) •	view the bady after death.			
23A. SIGNATURE				23B. DATE S	IGNED
Nothin Ch	M.D. Att	ending Med.	toff	1	24-67
reace //.	Phy	s. Director	Phys.	0	-1-01
23 C. PHYSICIAN'S NAME (Type)	1.	23D. ADDRESS	1 11		11
Podelin	M. Lin M.D.	Church	la Home	e + 4	tomet
24A. BURIAL CREMATION, 24B. DATE 24C	NAME AL CEMETERY - CO	EMATORY 1945 15	CATION		1
REMOVAL (Specify)	.NAME of CEMETERY of CR	24D. LO	CATION (City	, town, or c	ounty (St
SUBJAK 11100 75/67	brew Young Men	Was	dlawn, Mary	land	
	E OF REGISTRAR	25C. FUNERAL DIRECTOR			ADDRESS
JUN 2 7 1967 12 0	Br & Star Con 14.1		· & Bros. In	c 6010	Reist. 1
OUT OUT TOOL TOOL	C C C C C C C C C C C C C C C C C C C	Sol. Levinson.	a broode are		
'S 150-REV. 1/1/65	100	11 11 1 11 1			



IMPORTANT

FUNERAL DIRECTOR:

(BALTIMORE CIT	Y HEALTH DEPARTA	MENT		67 6150
	BIRT	H NO.	67	6158	CERTIFICA	TE OF DEA	HTA	Registered Na.	01.00
		AME OF DECEASE	D	Jac Carl				D HOUR OF DEATH	
Н		e or Print)	1111	\C			8		000
	3. P	LACE OF DEATH	IN BALTIMOPE AND	O 13			0 25		stitution; residence before admission)
		The of Brain		THE STATE OF THE S			B. COUN		smortal. residence before damession
		ULL NAME OF	(If not in hospital		give street	BOARYLE	INF		
		STITUTION	oddress or locatio	n)		C. CITY OR TOWN	(If outs	side city limits, write	RURAL ond give township)
1)					BALT	me	RE	21-14
14		SINAI HOS	PITAL			D. STREET ADDRES	S (If r	urol, give location)	
;						2906 5	ula	rave A	24432
3	5. S	EX 6. R.	ACE		NEVER MARRIED	B. DATE OF BIRTH	3/15/9	AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	7	MITC	AUCASIAN		D, DIVORCED (specify)	haralacatatatatata	12 01	ost birthdow) 63	Months Doys Hours Min.
2	10A.	.11100	110 -1101111	Martin Martin	Lea F BUSINESS OR INDUSTR	11. BIRTHPLACE (Sto	te or foreig	n country)	12. CITIZEN OF
		during most of working				ARTHUMANAVANA	MM	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WHAT COUNTRY?
		AGENT-RET	IRED	INS	URANCE	NO THE REAL PROPERTY.		RUSSIA	USA
	13. 1	FATHER'S NAME				14. MOTHER'S MAI	DEN NAM	ΛE	
		RAPOUCH E	THELCTETH			Atmes		2	
	15. \	Was Deceased Ever	INKELSTEIN in U. S. Armed For	rces?	1 6. SOCIAL	ANVA 17. INFORMANT		7	ADDRESS
	(Yes	, no or unknown) (If y	es, give wor or dole	es of service)	SECURITY NO.	A			
		NO			217-03-8672	MRS. IREN	IE FIN	IK. 2906 SIII	GRAVE AVENUE
		1B. Ly 20	.01		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
			R CONDITION DI	RECTLY		$\sim 10^{-1}$			110 NOYC
			DING TO DEATH	1.1	(A) C	人内			() MG DI
			nean the made af enia, etc. It meons			0 1 0			
		injury or complice	ilian which coused	death.)		(41)			10 1100
		ANTECEDENT CAUSES (B) DUE TO			2140		00 °00 °00 aa a	10 462	
		DISEASES OR CONDITIONS, if ony, giving							/
		rise to the at	bave cause (A)	stoling the	(C)				
		ONDERETING CO							
	z	OTHER SIGNIFICA	NT CONDITIONS (CONTRIBUTION	G				
	ATION	TO THE DEATH	H BUT NOT RELA	ATED TO TH					
		19A. DATE OF OPE	RATION 198, CON		WHICH OPERATION	20A. AUTOPSY? ()	Yes or No	20B. IF YES WERE	FINDINGS CONSIDERED
	RTIFIC	0	WAS PER			701013111		IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	U U	21 A. ACCIDENT W	AS UNDERLYING	7 211	B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHER	RE DID	(If in Boltimore	e City, give exact location)
		OR CONTRIBUTING	CAUSE OF	hor	ne, form, foctory, street,	office bldg., INJURY O	C CUR?		
	U								
		21 D. TIME (Mo	onth) (Doy) (Year)		INJURY OCCURRED		DID INT	JRY OCCUR?	4
	<	(APPROX)			hile At Not Wh			1-1	100 15
		22. Leartify that	(1) (this hospita)) attended	the deceased from	0/12	1	96/10 6	122 196/
			saw the decease		6/22	19.6	1	1	nian death accurred an the date
			_	_	0.15	7		Train(III) (doi) dpi	man death accorred an the date
			m the couses sta	ted abave.	1) (Wes (did) (did nat)	view the bady after	r death.		1
		23A. SIGNATURE	- M	100	1 110 11	ending Med.		Stoff C	23B, DATE SIGNED
		NU	The state of the s	MAL	M.D. At		tor	Phys.	1) 6/22/6/
	/	23C. PHYSICIAN'S NAME (Type)	A (1	7	23D-ADDRESS	4	MA	11001
			1-1	1	POT M.D.	Sma	1 /	ATER O	Dalx
	24A	BURIAL CREMAT		24C. N	AME OF CEMETERY OF CE	EMATORY	24D. LC	CATION (Ci	ty, lown, or county) (State)
		REMOVAL (Specif							-
	25.4	BURTAL	6/25/67	7 1	BETH EL	loco cultura di	1125.630	RANDALLSTO	WN, MARYLAND ADDRESS
	23 A	DATE REC'D BY I	97 1007 /	258. NAME	OF REGISTRAR	25C. FUNERAL D			
1		ווטע	6: 1301 ()	Way.	Car Action and	SOL LEVI	NSON	& BROS. INC	., 6010 REIST., RD
	VS	150-REV. 1/1/65				and the second			

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 2. DATE AND HOUR OF DEATH :30P 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) MARYLAND c. CITY OR TOWN (If outside city limits, write RURAL and give township)
BALTIMORE 21207 D. STREET ADDRESS (If rural, give location) 7900 LIBERTY ROAD B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. lost biology Hours BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? PENNSYL TAN I A 14. MOTHER'S MAIDEN NAME BETTY HOOVER 17. INFORMANT ADDRESS ST. AGNES RECORDS WILKENS CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No! 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 B. PLACE OF tNJURY (e.g., in or about 21 C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 6/10 ond hour and from the causes states obove. () (We) (did) (did) (did) (t) view the body after death. 23 B. DATE SIGNED Attending Med. 23 D. ADDRESS ELLICOTT CITY. DRIVE. of CREMATORY 24D LOCATION (City, town, or county) Memorter rroll 25CL FUNERAL DIRECTOR VS 150-REV. 1/1/65

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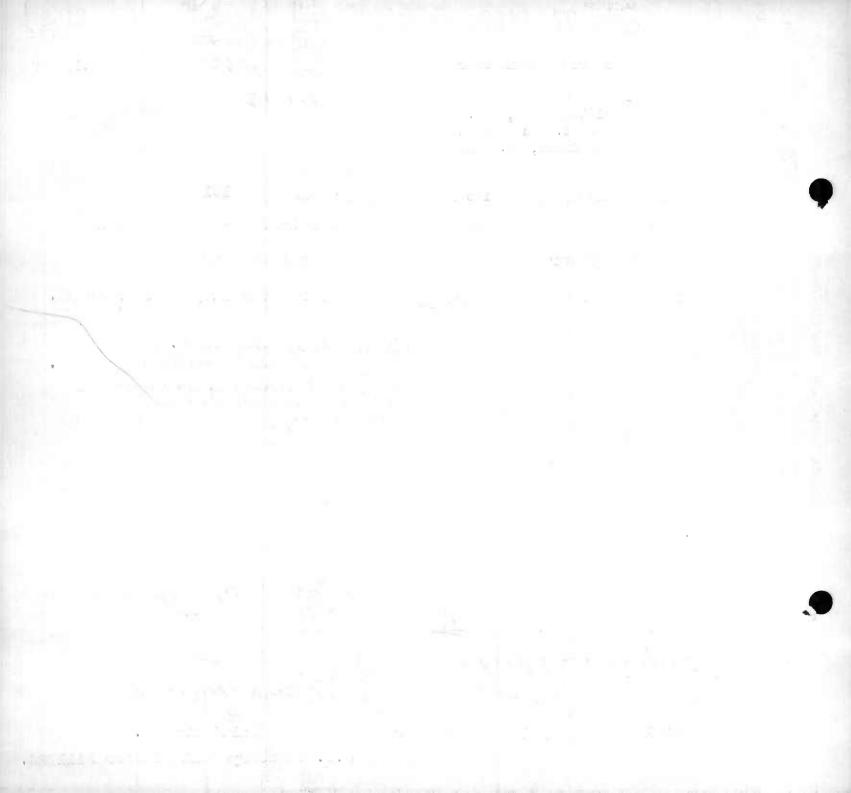
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BALTIMORE CITY HEALTH DEPARTMENT

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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



	401	U) (A) RT	H NO. Calvert 6. 2/67 616	BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT		67, 6163
		1	CASE NO. AME OF DECEASED OF Print) TIMOTHY HURL LACE OF DEATH IN BALTIMORE, MARYLAND		2. DATE	AND HOUR OF DEATH	6:16 P M.
	cause use; (5) rendanc	JR O	ULL NAME OF (If not in hospital or institution oddress or location)		A. STATE MARYLAND, C. CITY OF TOWN (IF SUNDERLAND	CALVERT outside city limits, write R	URAL ond give township)
	buting ned cau	5. S	THE JOHNS HOPKINS H	D, NEVER MARRIED	D. STREET ADDRESS B. DATE OF BIRTH	(If rurol, give location)	If Under 1 Yr. It Under 24 Hrs. Months: Doys Hours: Min.
	contributed the contributed to t	10À.	USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUNTRY?
	if deat rect or (4) Unde was in the de spositio	13. F	ATHERS NAME DANIEL HURLEY		Maryland 14. MOTHERS MAIDEN I STELLA T		
MAT	sistant the dir kind; (death nce on inal dir	15. V (Yes,	/as Deceased Ever in U. S. Armed Forces? no or unknown) (It yes, give wor or dotes of service	1 6. SOCIAL SECURTY NO.	Daniel Hui		rland - Md.
IMPORTAN	Also, if solved ounced attendar		DISEASE OR CONDITION DIRECTLY	SAUSE OF PSEC	DEATH		INTERVAL BETWEEN ONSET AND DEATH
OR:	fracture prongo		(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diseas injury ar camplication which caused death.) ANTECEDENT CAUSES		body by	N 243°	12 days
DIREC	s; (3) A sian whise in safe		DISEASES OR CONDITIONS, if any, givinise to the above cause (A) stating UNDERLYING CONDITION last.	ATION ASSE. M	/ 		
NERAL	ief medical me		OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE CONTRACTOR WHICH OPE AVION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE F	INDINGS CONSIDERED
FUN	al by a (2) Bonerer the physical seforer	CAL CERTIF	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in nome, form, foctory, street, off	ice bldg. [INTITRY_OCCITE	(If in Boltimore	City, give exoct locotion)
	hospit nature cept wh d (6) N ained b	0	OF INJURY	TE INJURY OCCURRED Not White At Work		Hend 17d	for water
	be approed to the total of any sital (execute); and sit be obtential of the control of the contr		22. I certify that (I) (this hospital) attended that (I) we) ast sow the deceased alive or and hour and from the courses stated above.	fine to			nion deoth occurred on the dote
	must releas ccider a hosp to de		23A. SIGNATURE Aprick 23C. PHYSICIAN'S NAME (Turn)	Phys	mding Med. Director	Stoff	free 20 1967
	certificate body was i s: (1) An a D.O.A. at ased prior FASED O	24A	REMOVAL (Specify)	M.D.		LOCATION (Cit	y, town, or county) (Stote)
		101		t.Edmond Ch.C	25C. FUNERAL DIRECT	underland Seevell f	rune Frederick, M.
		VS	50-REV. 1/1/65	/			

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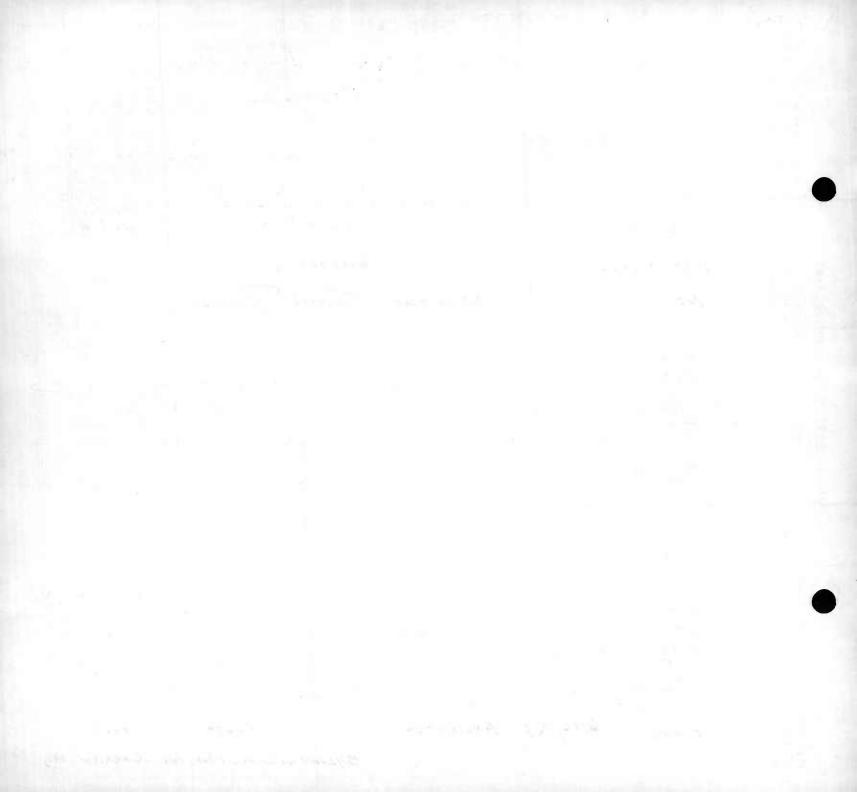
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	OP	0405		HEALTH DEPARTMEN		67 6165		
BIRTH NO.	67	6165	CERTIFICA	TE OF DEAT	H Registered No	07 0100		
M.E. CASE NO		111		2. DAT	E AND HOUR OF DEATH			
(Type or Print)	KELLERT 1	MICHA	766		E 23. 1967	1 10 45 P. M		
3. PLACE OF	DEATH IN BALTIMONE, MA			4. USUAL RESIDENCE	(Where deceased lived, If in	stitution: residence before odmission)		
FULL NAM HOSPITAL C	OR oddress or locotio		give street	MARYLA	(If outside city limits, write R	2-7-17 (URAL ond give township)		
) INSTITUTION	AT HOSP &	P	- T		ORE			
SIN	AT HOSP 0	F SA	11., INC.	D. STREET ADDRESS (If rurol, give Igcotion)				
			/	CEVIND	ACE MURS	ING HOME		
5. SEX	6. RACE		NEVER MARRIED D, DIYORCED (specify)	8/30/85	9, AGE (In years lost binbag)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,		
	CCUPATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?		
/	of working life, even if retired)			NEW You	r k	U. S.A		
13. FATHER'S N				14. MOTHER'S MAIDEN		0.3.4		
. /	/							
NOT	KNOWN			ELIZABETH				
15. Was Decea (Yes, no or unkno	sed Ever in U. S. Armed For own) (If yes, give wor or dote	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
No			218-36-0200	MOSPITAL	/ TECOROS			
1B.	20,11		CAUSE O	/	1 / 2 - 2 / 103	INTERVAL BETWEEN		
DISI	EASE OR CONDITION DI	RECTLY	Λ	. // .		ONSET AND DEATH		
16.0	LEADING TO DEATH		(A) ACCT	= MYOCARPI	AL LA FARCTIO	on ZURS		
	s not meon the made of tre, osthenia, etc. It meons		DUE TO					
	camplication which caused		The		1/20x	5 V= ADS		
	ANTECEDENT CAUSES		(B) The 1	PHOSECER	01/6 (710)	72115		
DISEASES	INJURY OF COMPLETE CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving							
rise lo	rise to the abave cause (A) stoting the (C) UNDERLYING CONDITION lost.							
UNDERLY	ING CONDITION lost.							
E TO THE	II GNIFICANT CONDITIONS (DEATH BUT NOT REL OR CONDITION CAUSING	ATED TO TH						
	OF OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 208. IF YES, WERE F	INDINGS CONSIDERED		
19A. DATE	WAS PER	FORMED			IN CERTIFYING CAL	JSES OF DEATH?		
OR CONTI	DENT WAS UNDERLYING RIBUTING CAUSE OF		PLACE OF INJURY (e.g., in e, form, foctory, street, of	n or obout 21C. WHERE D	ID (If in Boltimore R?	City, give exoct locotion)		
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F, HOW DIE	INJURY OCCUR?			
OF INJURY			ile At Not While					
(APPROX)		Wo	rk At Work		(2)	45 1/2		
22. I cert	22. I certify that \$ (this haspital) ottended the deceased from 1 pm 6/23 196) to 10 pm 6/23196/							
that (1) (v	that (\$) (we) last saw the deceased alive on 6/23 1967 and that in(my) (3) apinion death occurred an the de							
ond hour	and hour and from the causes stated above. (F) (We) (did) (did not) view the body ofter death.							
	23A. SIGNATURE. 23B.							
	M.D. Attending Med. Stoff J. 65211							
23C PHYSI	Phys. Director Phys.							
NAM	E (Type)	11-		CC 4/1	HO-SPITAL			
4/1	SKEII.	642H	M.D.	STNAT 1	10011111			
24A. BURIAL C		24C.N/	ME of CEMETERY OF CRE	MATORY 24	D. LOCATION (Cit	y, town, or county) (Stote)		
BURIA		61 1	RLINGTON		BALTO.	MD.		
25A. DATE REC	C'D BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRE	CTOR	-GARRISON, MD		
	JUN 27 1967	Record	F REGISTRAR	54 LUAN Si	LEWIS TOW, INC	GARRISON, MI		
VS 150-REV. 1/	/1/65			1)	,)			



FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

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1		Y HEALTH DEPARTMENT	COMPSON, VILLE					
- 11	SIRTH NO. OLE CASE NO. GT 6167 CERTIFICATE OF DEATH Registered No. 67 6167							
	I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	01 0101					
1	WICCIAM C. IHOMPSON	100 6/19/67	10 A M.					
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If insti	tution: residence before admission)					
7	FULL NAME OF (If not in hospital or institution, give street	MARYCAND	Mulled					
b	HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RU	RAL ond give lownship)					
1	THE JOHNS HOPKINS HOSE	D. STREET ADDRESS (If rurol, give locotion)						
1	THE JOHNS FLUDICIALS HOSP	BOX 269 RT 1						
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs. Nonths: Doys Hours Min.					
	M WIDOWED, DIVORCED (specify)	9-11-13 53						
	10A, ÜSU'AL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDÚSTR done during <u>mo</u> st of working lile, even if retired)	Y 11. 8IRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
	tarmina	Charles County, Md.						
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	ADRIAN THOMPSON	LENA PROCTOR						
1	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT	1- BAY 160.					
		William D. Thompson Min	Just Md.					
	18. 3 40 / I CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	01					
	(This does not mean the made of dying, e.g., DUE TO	unococcul meningitis	7 days					
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	()						
1								
П	DISEASES OR CONDITIONS, if any, giving							
	rise to the above cause (A) stating the (C)							
	UNDERLYING CONDITION Iosi.							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
ı	198. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED RIO MANAGEMENT	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED					
Ш	6/16/67 R/a hechocalistica NO							
1	OR CONTRIBUTING CAUSE OF home, florm, foctory, street,	in or about 21 C. WHERE DID (If in Soltimore Coffice bldg., INJURY OCCUR?	City, give exact location)					
1	DEATH (notify medical examiner) etc.)							
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not Whi	21 F. HOW DID INJURY OCCUR?						
Ü	(APPROX.) While At Not Whork	k /	/ /.					
	22. I certify that (1) (this hospital) attended the deceased from	6/12/67 19 to 6	1/9/67 19					
	that (1) (we) lost saw the deceased alive on 6/19/67	19ond that in(my) (our) apinio	on deoth occurred an the dote					
1	and hour and from the couses stated above. (1) (We) (did) (did not)	view the body ofter deoth.						
	23A. SIGNATURE		3B, DATE SIGNED					
	John of Second M.D. A.	ttending Med. Stoff Phys. Director Phys.	6-19-67					
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	, ,					
	John S. Sergent ()	The Johns Hopkins Hosp	oltal					
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City.	town, or county) (Stote)					
	Burial Jane 2267 St. Marin Ch	Compley Breventerin /	has. C. ml.					
	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAL	25.G. FUNERAL DIRECTOR	ADDRESS					
	JUN 27 1961 (16 Count & Tabley 12	Martell adams a	equasco, Md.					
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ADRIAN THOMPSON

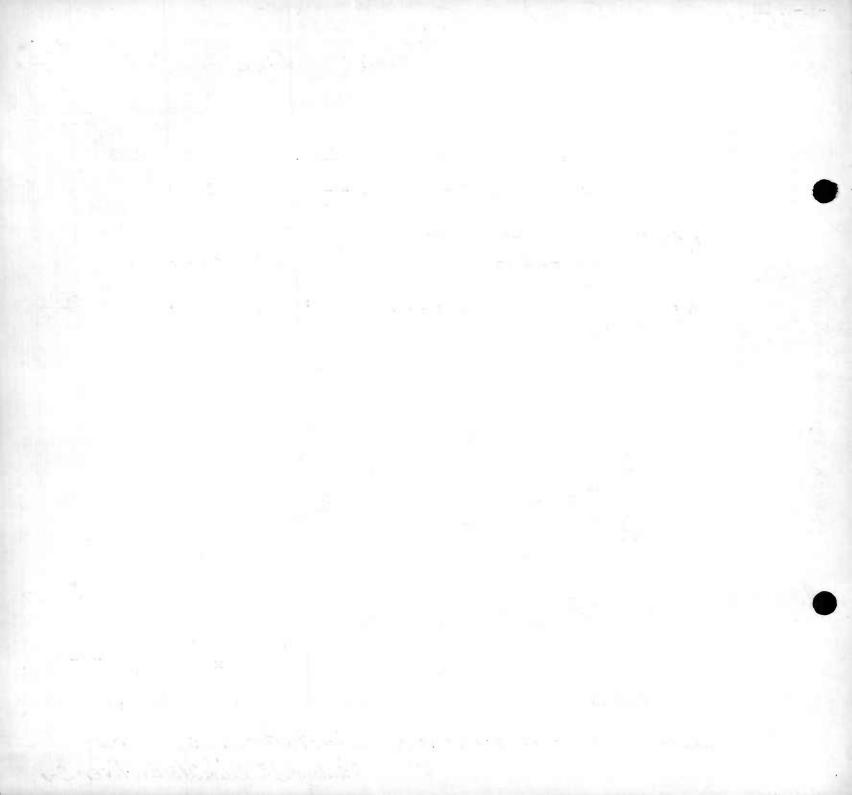
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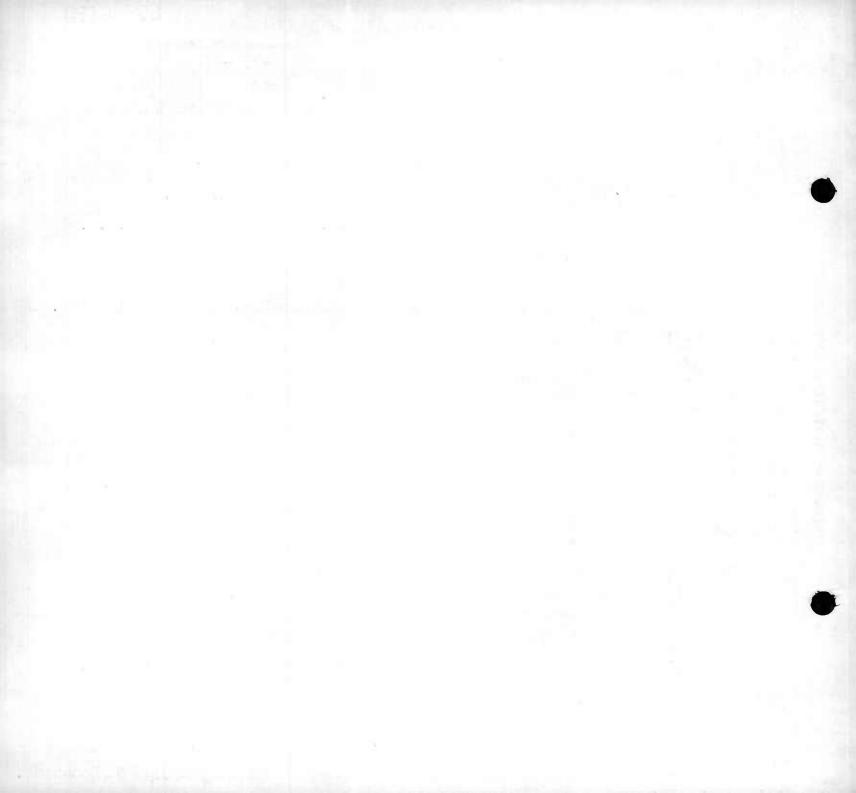
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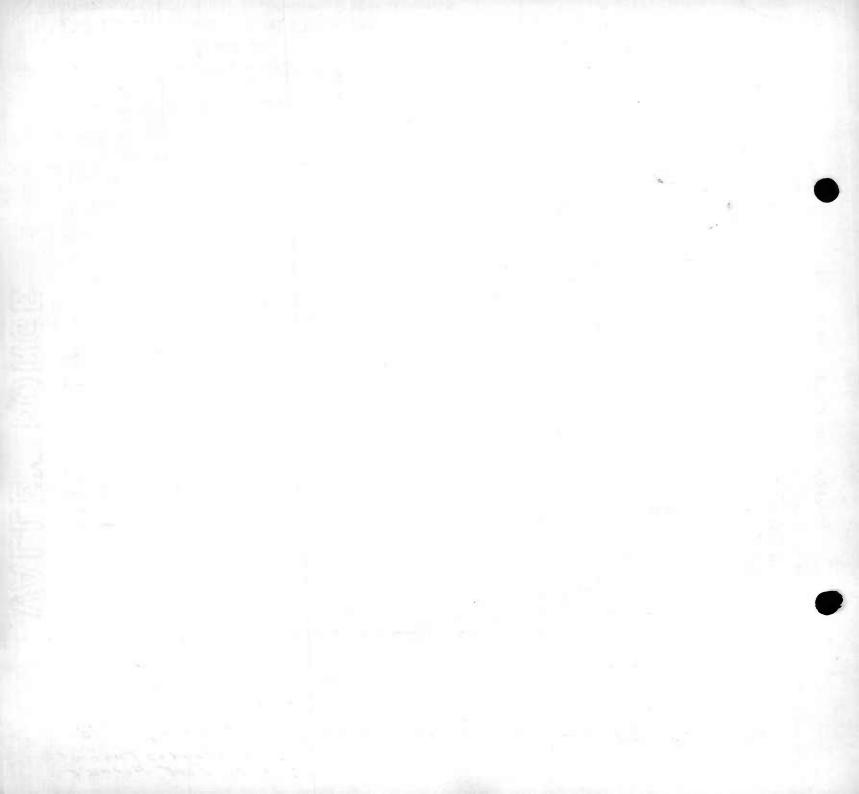
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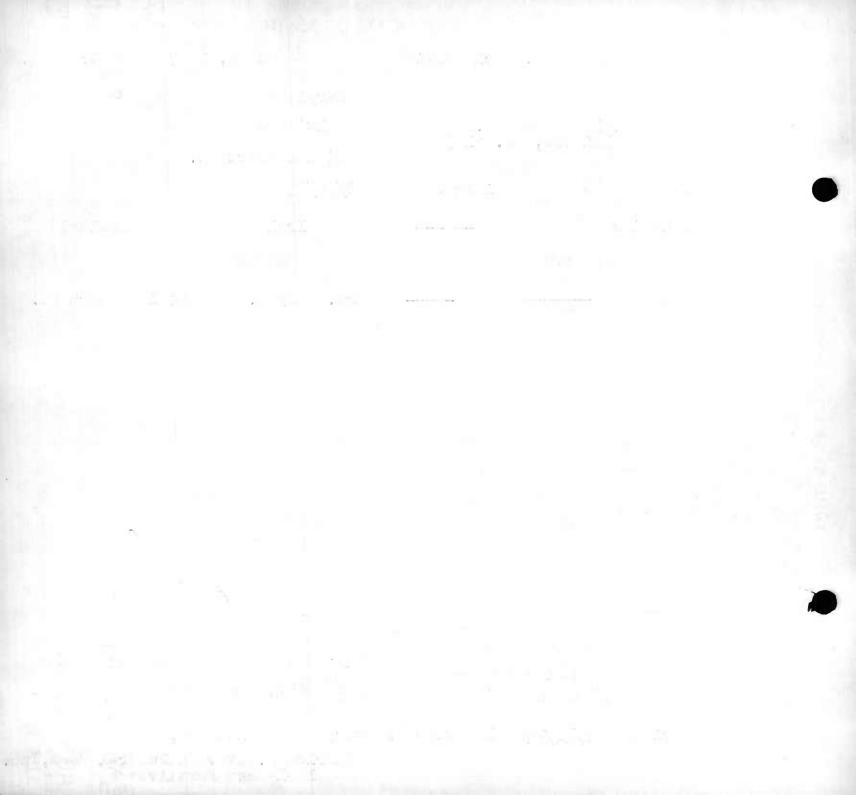
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	67 6173	BALTIMORE CITY HEA	ALTH DEPARTMENT		n camp
	TH NO. E. CASE NO.	CERTIFICATE	OF DEATH	Registered No.	01/0
1.1	PAME OF DECEASED	1	2. DATE AN	D HOUR OF DEATH	111.6
L	PLACE OF DEATH IN BALTIMORE MARYLAND	Brown	G/25	5/67	ution: residence before admiksio
3.	PLACE OF DEATH IN BALTIMORE, MARILAND	N. C	STATE B. COUNT	TY	ution: residence before odmissio
	FULL NAME OF (If not in hospital or institution, give oddress or location)		Md . B	allimore side city limits, wite RUI	PAL and give township)
-	Institution Hacking Hospit		Balti mor	1	de one give townships
-	Johns Hopkins Hospill Baltimore Md.	D. 9	STREET ADDRESS (IF	urol, give location)	•
	Ballimore Md.			ss man SI	
5.	WIDOWED, D	DIVORCED (specify)	ATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 H Nonths Doys Hours Min.
t Ø	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF BU	TIES OR INDUSTRY TI. B	BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF
1	e during most of working life, even if retired)	14.	1		WHAT COUNTRY?
	FATHERS NAME		MOTHERS MAIDEN NAM	ΛE	U.S.A.
1	age Talantan	~	nnn	16. ben	,
15.	Was Deceased Ever in U. S. Armed Forces? 16.	SOCIAL 17. II	NFORMANT	rn ackson	ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	1	2	ca. Dal
_	18. / 2 0 X	33-34-8596 Mr CAUSE OF DE	ATH	Srown 2	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	Λ	T	4	ONSET AND DEATH
	LEADING TO DEATH (This does not meon the mode of dying, e.g.,	(A) Ke.	spiralory	Arres/	Imardle
	heart foilure, osthenia, etc. It meons the diseose, injury ar complication which coused death.)	501.10	' , , , ' =	_	2
	ANTECEDENT CAUSES	(B) Ce	rebra/ M	elastases	V
	DISEASES OR CONDITIONS, if ony, giving	DUE TO	rebral M Tastatic B	To	
	rise to the above cause (A) stoting the UNDERLYING CONDITION lost.	(c) Me	lastatic Di	reas! Carcina	ma
	II				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	1	-		
U	DISEASE OR CONDITION CAUSING IT.	CH OPERATION 12	20A. AUTOPSY? (Yes or No)	20B. IF YES WERE EIN	DINGS CONSIDERED
RTIFI	WAS PERFORMED	. 1	1100	20B. IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DEATH?
	OR CONTRIBUTING CAUSE OF	ACE OF INJURY (e.g., in or of form, foctory, street, office b	bldg INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
CAL	DEATH (notify medical examiner) etc.)	omi, roctory, street, omee o			
MEDI	OF INJURY	JURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
<	(APPROX) While Work	At Work At Work			1
	22. I certify that (I) (this haspital) attended the a	1 1	1	9 6/ to 6/	25 196/
	that (I) (we) last saw the deceased alive on	6/25	*	it In(my) (our) opinio	in deoth occurred an the d
	ond hour and from the causes stated above. (I) ()	(did) (did==o1) view i	the body ofter death.		
	23A. SIGNATURE	M.D. Attending	Med.	Stoff	B. DATE SIGNED
	23C. PHYSICIAN'S	·W . Phys.	ADDRESS	Phys.	4/25/6/
	NAME (Type)	M.D.	Tolor	Hanking L	fort 1 1 TT
24	A. BURIAL CREMATION, 24B. DATE 24C. NAMI	E al CEMETERY of CREMAT	10 NN S	CATION (City,	town, or county) (State
	REMOVAL (Specify)	1 4	Park R	11	L
25	SURIAL 6-23-6/ HIYB	registrary 2	AFIC DA	+1-10,	ADDRESS
	JUN 27 1967 1 2 5 8	, stouteurs /	MURTONE DUE	ett F.H.	1701 LAURENS
VS	150-REV. 1/1/65				

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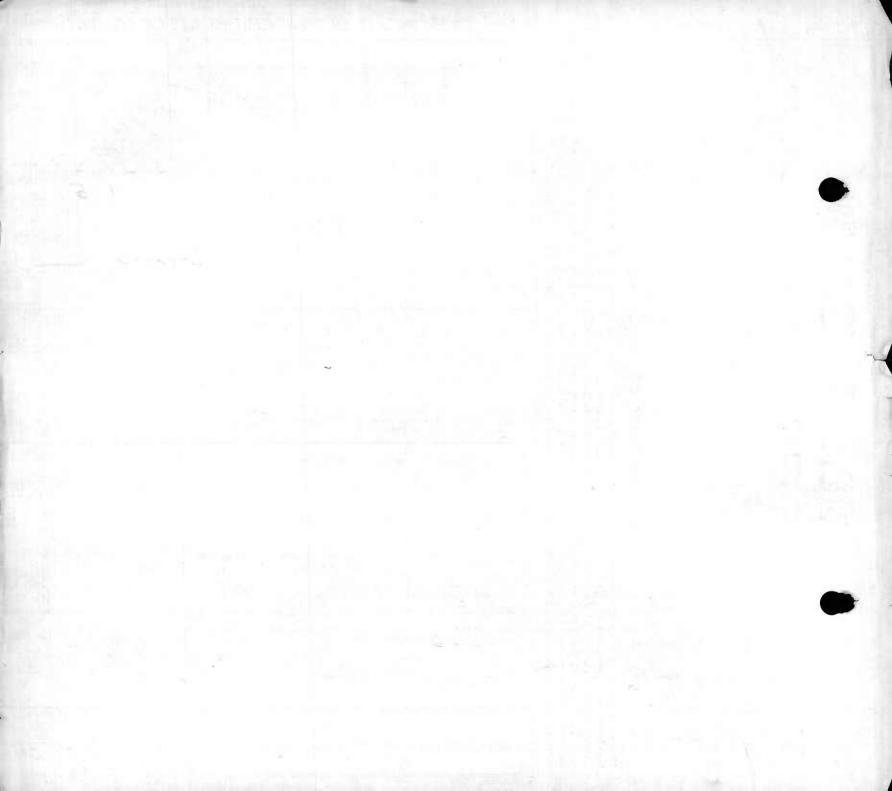


VS 150-REV. 1/1/65



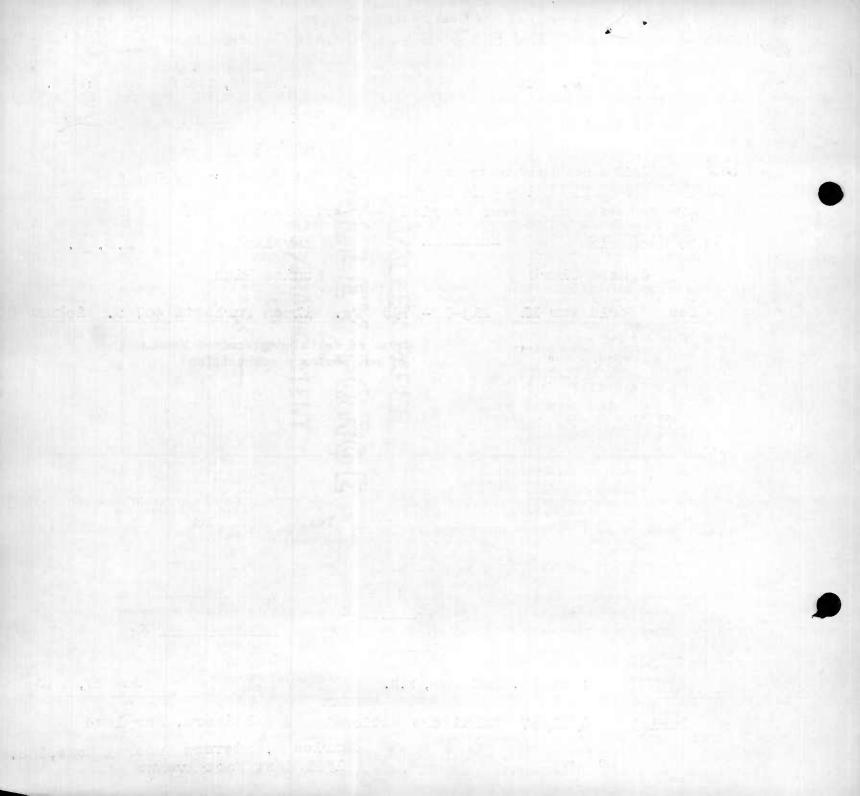
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the IMPORTANT FUNERAL DIRECTOR:

BALT	TIMORE CITY HEALTH DEPARTMENT
IRTH NO. 67-1/76/ 67 6176 CE	RTIFICATE OF DEATH Registered No. 67 6178
A.E. CASE NO. NAME OF DECIMASED	2. DATE AND HOUR OF DEATH
NAME OF DECHASED Type of Print	6/18/67 12 A
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE Where deceased lived. It institution: residence before admissi
-11.0	A. STATE B. COUNTY
FULL NAME OF STREET OF THE SPITCH OF THE STREET OF THE SPITCH OF THE SPI	al Med Caltimore 1900
HOSPITAL OR oblates of locotion) All The INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	Melimore hid
	D. STREET ADDRESS (If turol, give location)
	1943, Povengen 87
6. RACE / 7. MARRIED, NEVER MA	ARRIED 8. DATI OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 F D (specify) Months: Days Hours Min.
MIM	6/7/67
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS	
ine sturing most of working life, even if retired)	WHAT COUNTRY?
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FAIRERS NAME	,
vorenh schreiner	Patricia Leonord Same
. Was Deceased Ever in U. S. Armed Feices? 16. SOCIAL SECURI	L 17. INFORMANT ADDRESS
Second Second	Herry Huypital Records
18. 7 / 0 /	CAUSE OF DEATH A I INTERVAL BETWEEN
160,0	(H) (ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Blown Ma brane 29/1
(This daes not mean the made of dying, e.g.,	DUE TO
heart failure, asthenia, etc. It means the disease,	
injury at camplication which caused death.)	
ANTECEDENT CAUSES	DUE TO
DISEASES OR CONDITIONS, if any, giving	Remoterat
uise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) / f= w = w = w = w = w = w = w = w = w =
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	tonne!
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	1010
194 DATE OF OPERATION 1198 CONDITION FOR WHICH OPE	RATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF	INJURY (e.g., in at about 21 C. WHERE DID (II in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home lorm, for DEATH Larghly medical examined	tow, street, office bldg., INJURY OCCUR?
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E, INJURY OF	
(APPROX.) While A!	Not While
22. I certify that (1) (this haspital) attended the decease	ed from 0/1 1967 to 6/18 1967
that (I) (we) last saw the deceased alive an	19 0 and that in (my) (aux) opinion death accurred any the
7/	
and haur and fram the causes stated abave. (I) (We) (did	
23A. SIGNATURE	23B. DATE/SIGNED
1 K x Church	M.D. Attending Med. Director Phys.
23 C. PHYSICIAN'S	23D. ADDRESS
NAME (Type) (May 1)	M.D.
AA. BUMAL CREMATION, 24B. DATE 24C. NAME of CEN	METERY of CREMATORY 24D. LOCATION (City, town, of county) (State
REMOVAL (Specily)	h 17
Bur12/ 6/19/47 Haly C	ross Cymetery Ballimort, Id.
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRA	25C BUNERAL DIRECTOR STEVENS FRANCESTE ON TO
JUN 26 1001 June 1 21 1	1501E, FOFT AVE.

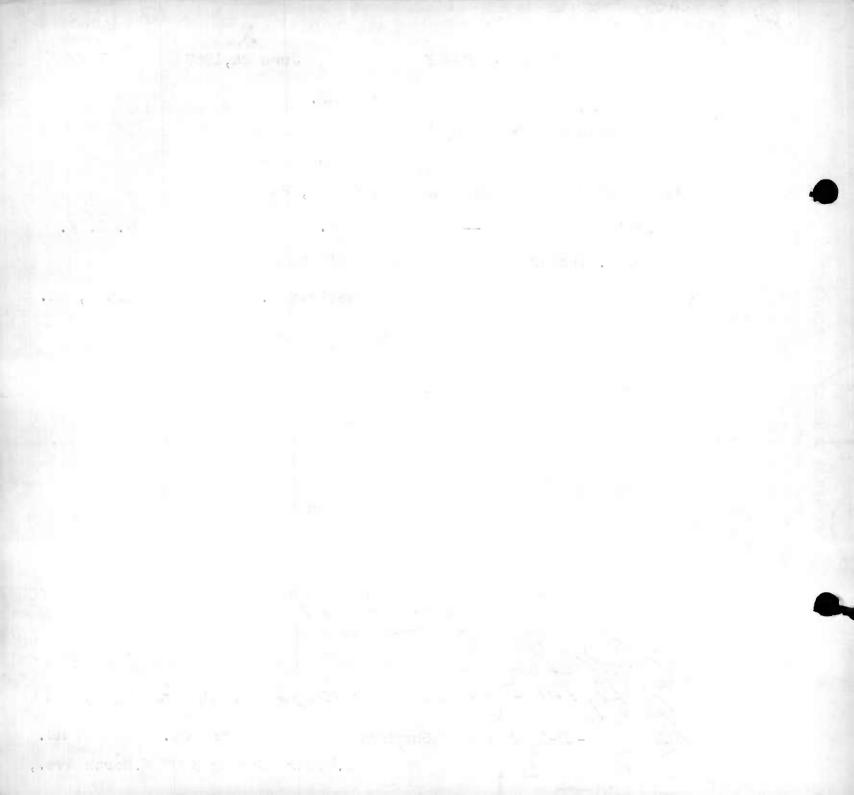


VS 151-REV. 1/1/65

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BIRTH		67	6178	2	TE OF DEATH	Registered No.	67 6178	
1.NA	ME OF DECE		ret W.	Crosby		ND HOUR OF DEATH	2º10 P.	
FU HC IN	ILL NAME OF SSPITAL OR STITUTION	F (If not in hospitol address or locolic	or institution,		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A, STATE Md. C. CITY OR TOWN (If outside city limits, write RURAL and give township) Fallston			
)			0111442	Aziig iiomo	D. STREET ADDRESS Box 352	f rurol, give location)		
F e	male	6. RACE White	WIDOWE	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH July 15,1895	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.	
ione	House	vorking lite, even if retired) Wife		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
		t L. Tucke			Elizabeth			
5. W Yes,	as Deceased no or unknown) NO	Ever in U. S. Armed Fo (If yes, give wor or do	orces? les of service)	SECURITY NO.	Genevieve L.	Durding	Fallston, Md.	
ION	nearl failure, nipry or comparts of compar	al meon the mode of asthenia, etc. II means plication which caused INTECEDENT CAUSE: R CONDITIONS, if obove cause (A) CONDITION last. II	s the disease, d death.) S any, giving stating the CONTRIBUTIN ATED TO TH	(B)	rome Nag			
					20A. AUTOPSY? (Yes or N	10 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?	
AL C	1 A. A CCIDEN OR CONTRIBU DEATH (notify	T WAS UNDERLYING [TING CAUSE OF medical examiner)	21 B hom etc.	ne, form, foctory, street, of	or about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Bollimo	re City, give exact location)	
3	DE TIME OF INJURY APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED Not While At Work	21F. HOW DID IN	IJURY OCCUR?		
t	22. I certify that (I) (This hospital) attended the deceased fram 19 to							
2	36. PHYSICIA	and Lay N	2mme	menman M.D.	3 202 Har	South Phys Lord Rd Z	Jane 25, 67	
24A.	REMOVAL (S	6/	24C. N	AME of CEMETERY OF CRE			City, town, or county) (State)	
Ru	irial	6-27-	1967	Good Shephe	rd	Howard Co.	Md.	



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

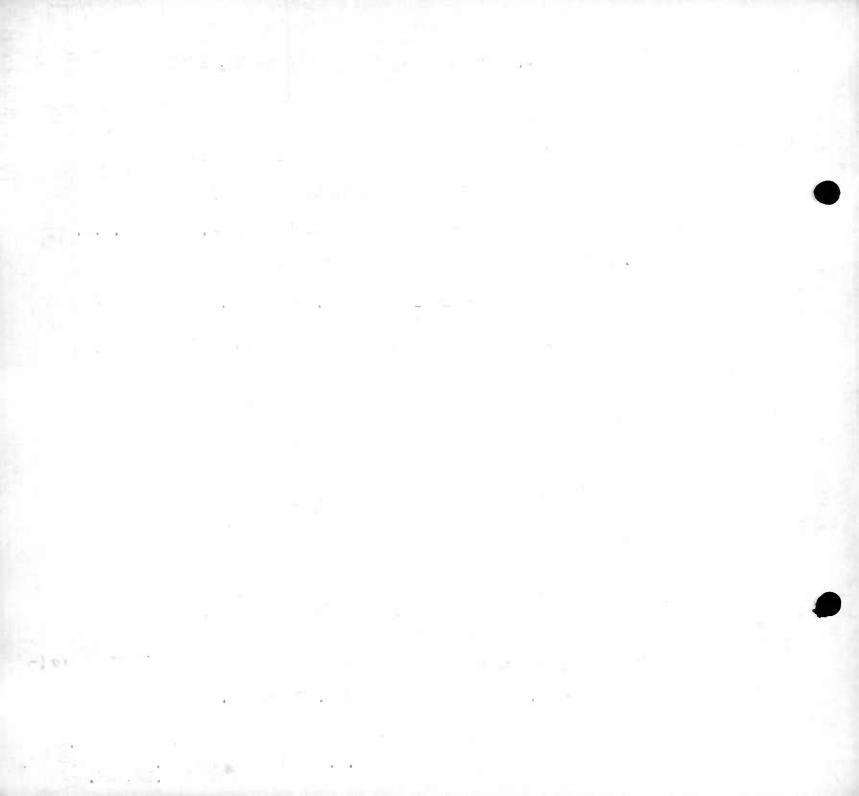
BALTIMORE CITY HEALTH DEPARTMENT

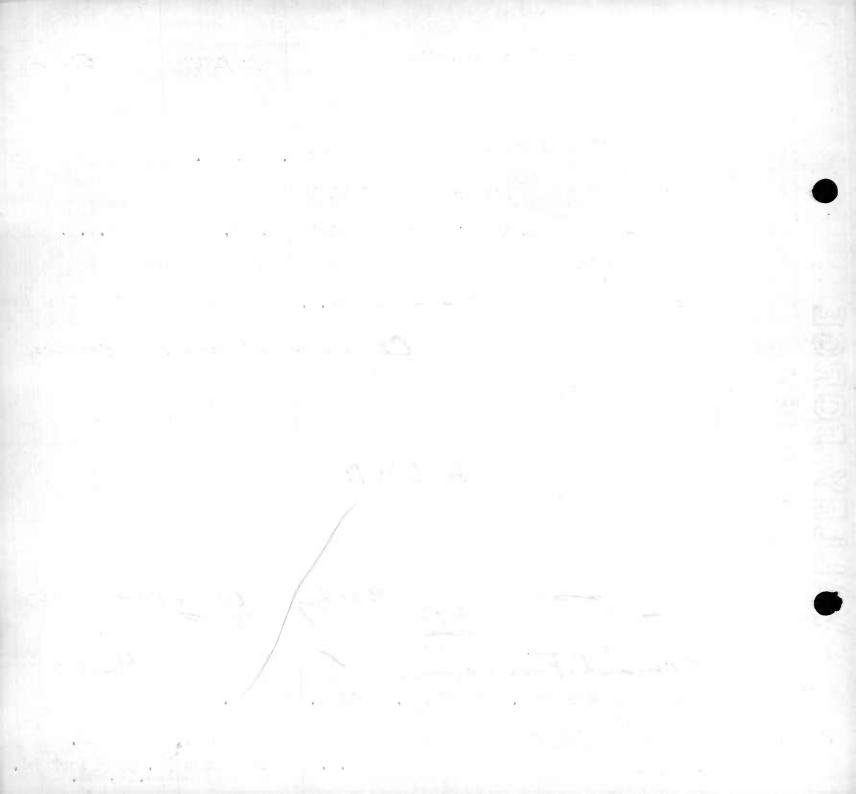
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.





IMPORTANT

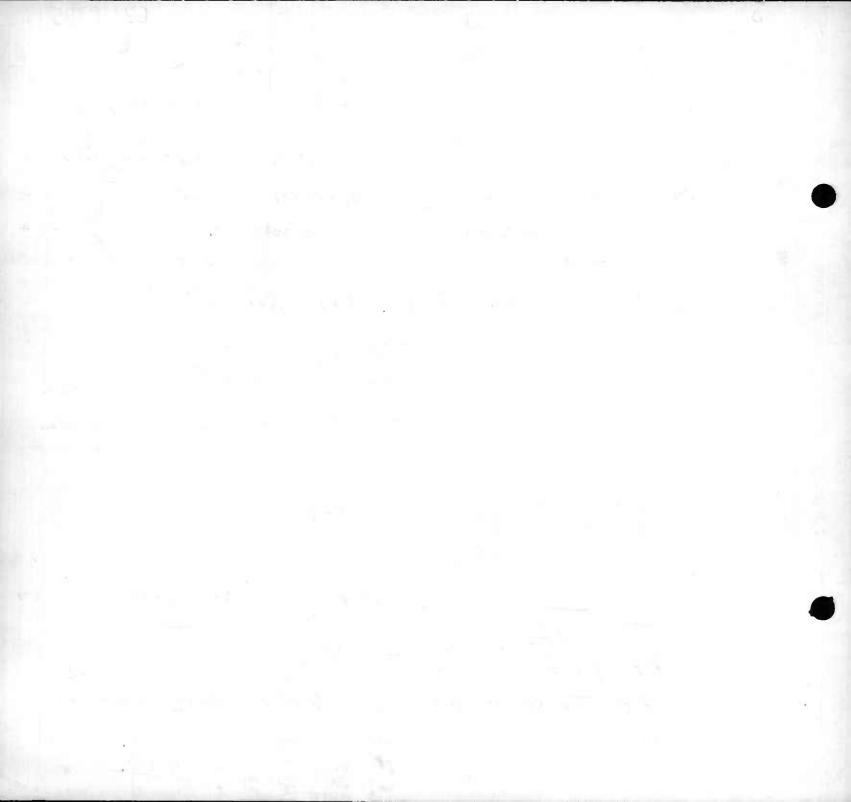
DIRECTOR:

FUNERAL

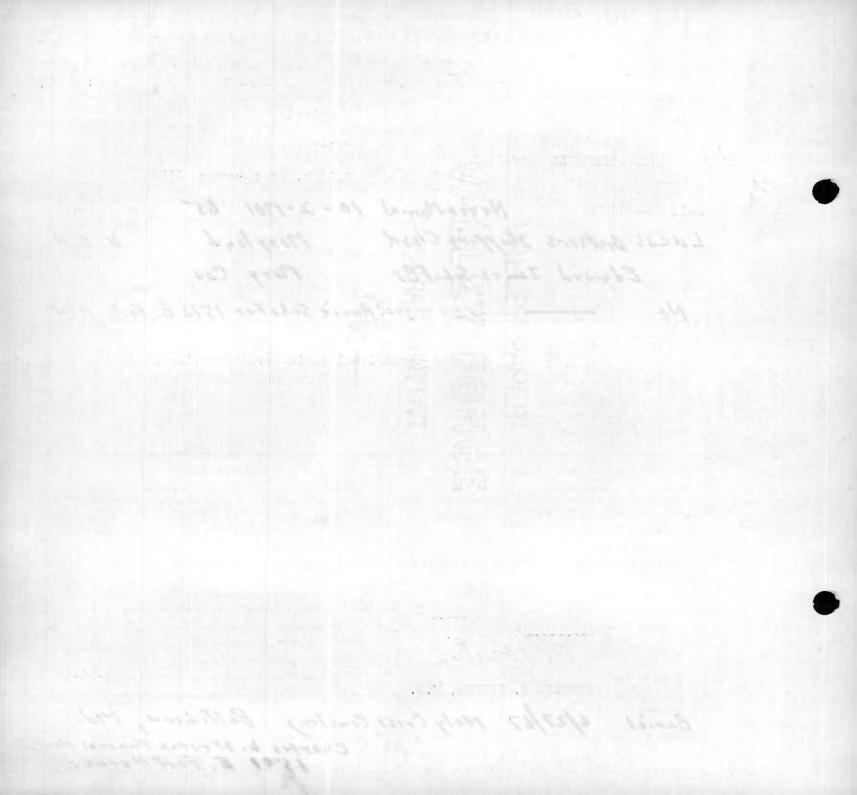
All MASS Maryland ART Meine HINDROS'S the Johns Hopkins Hospital 20 TURN 54. 6/25 WARM | HANN - 4 31 CAROLUN Johnson Underson No CARdine secont 1. Eller Region Aller PRemoter James B. Beperland washing Hopking Hosp.

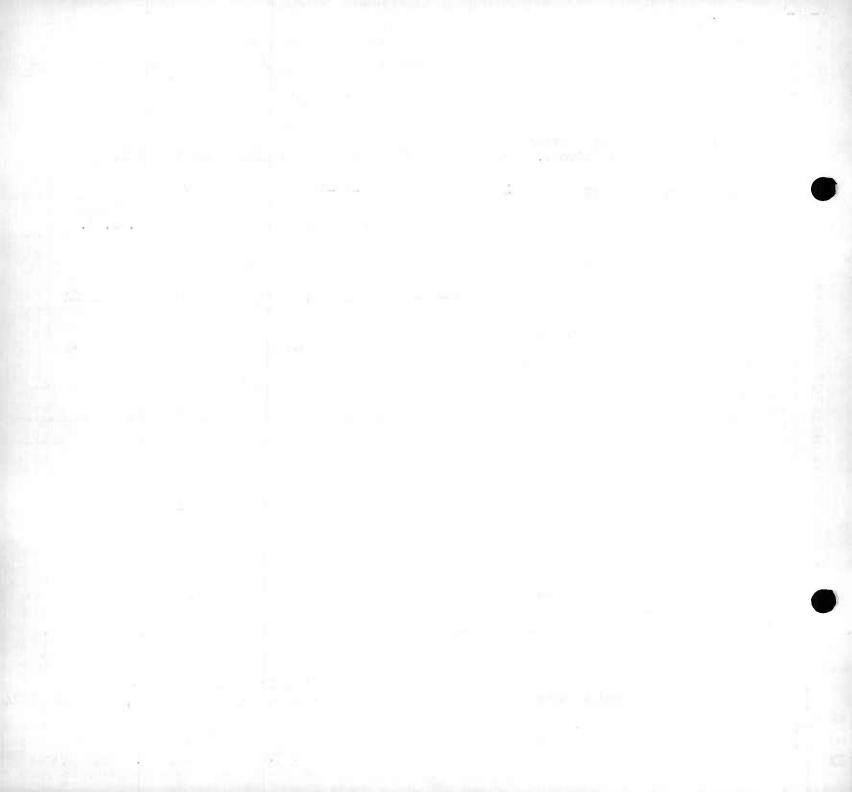
Pro training His Johns Hopkins Hospital 4116 E Ladeys the AU 6/24 8 N/A MARCH [Awd. UNENOWH MELLIA Johnson 21/4 CARRIAG ARREST Hypline Membershedison : Pas Severe presmarker by No w E YES and B. Brayton JAMES B. BRAY FOU

67 6	BALTIMORE CITY	HEALTH DEPARTMENT	67 6185
BIRTH NO.	CERTIFICA	TE OF DEATH Registered No.	0100
M.E. CASE NO.			
(Type or Print)	SHERMAN HILL	2. DATE AND HOUR OF DEATH	0 4
JAMES ONCRM	/ 1 / /	6/25/07 7:5	
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceosed lived, If institute, STATE B. COUNTY	ution: residence before odmission
FULL NAME OF (If not in hospital or institu	ution, give street	My Reistarto	UN Shall
HOSPITAL OR oddress or location)	give succi	C. CITY OR TOWN (If outside city limits, write RUR	
	TAMETOR		53-00
UNIVERSITY HOS	PITAL	D. STREET ADDRESS (If rurol, give location)	
Ŏ .		Box 63 Reister to	ww Md.
SEX 6. RACE 7. MA	RRIED, NEVER MARRIED		
	OWED, DIVORCED (specify)	lost birthdoy)	f Under 1 Yr. If Under 24 Hr Norths Doys Hours Min.
79 0	M	9/24/1841 75	
0A, USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	2, CITIZEN OF WHAT COUNTRY?
	tired	Fulton County PA.	as a
3. FATHER'S NAME	71164	14. MOTHER'S MAIDEN NAME	\wedge
- Mose Hill		Amenda Truex	
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANI Box 63 Reistertown Mar	ADDRESS)
(es, no or unknown) (If yes, give wor or dotes of ser			y Tand
	196 09 7852 A.		
18. 420,11	CAUSE OF	DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ATH	ERO-SCLEROTIC	OHIGE AND DEATH
LEADING TO DEATH	(A) CE2	ROMARY PATERY	
(This does not mean the made of dying, heart failure, asthenia, etc. 11 means the dis	e.g., DUE TOTO	BONARY PRIERY SEASE WITH RECEN	
injury or complication which caused deoth.)	AI	UD OLD WLYOCKRDIAL	
ANTECEDENT CAUSES	(B)	NEARCTION	1 WEEK
	DUE TO		I WEEK
DISEASES OR CONDITIONS, if any, or rise to the above cause (A) stating	the ISMES	ENTERIC THROMBOSIS	LUIEEK
UNDERLYING CONDITION last.			1 000
11			
OTHER SIGNIFICANT CONDITIONS CONTRIB			
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE		
194. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN	DINGS CONSIDERED
WAS PERFORMED	-	YES IN CERTIFYING CAUSE	S OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	21B. PLACE OF INJURY (e.g., in		ity, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	ice bldg., INJURY OCCUR?	ny, give exoci locolloni
U	etc.)		
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
₩ OF INJURY	While At Not White		
	Work At Work		
22. I certify that (I) (this hospital) atten	ded the deceased fram	127 19 67 to 6/	25 19 6
that (I) (we) last saw the deceased alive	an 6/25	19	n death accurred on the d
and haur and fram the causes stated aba	ve. (1) (we) (gld) (dld nd)) v		
23A. SIGNATURE	41 Hyllen		B. DATE SIGNED
P.t. Toskes	Single to M.D. Atte	Med. Stoff Phys.	6/25/67
23C. PHYSICIAN'S		3D. ADDRESS	
NAME (Type)	10	Leave Ilaca	- Ra 12.
t.T. 105Kes	Isingleton M.D.	CC 150 8	13/1/10
4A. BURIAL CREMATION, 248. DATE 2 REMOVAL (Specify)	4C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City.	town, or county) (State)
////-	Dleggent Dia	To Comotony Noodman	Do
	Pleasant Ridg	ze Cemetery Needmore	Pa. ADDRESS
HIM OF COCT.	A C LA TI	Transfer of Asian Company of the Com	NC.
JUN 2 (130 / 0/2)	and the Manuscount		110.
/S 1S0-REV. 1/1/6S		BALTIMORE MARYLAND	



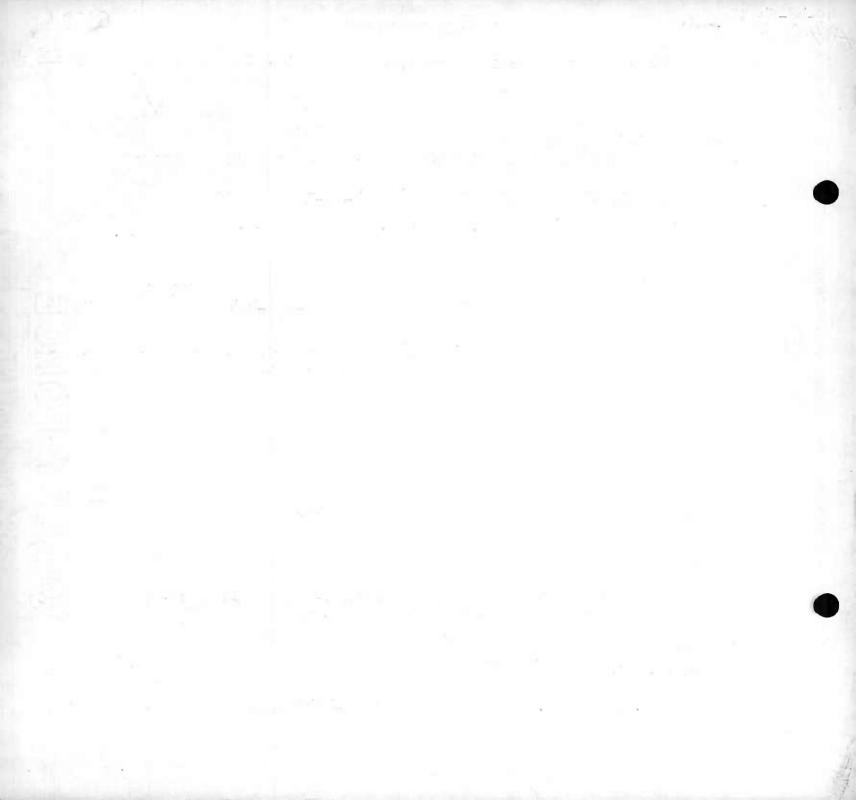
	M.E. CASE NO.		2 DATE A	ND HOUR PRONOUNCED DEAL	5
	1. NAME OF DECEASED (Type or Print)	FREDERICK J. SCHAFF		25-67	3:00 PM
	3. PLACE IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (Whe	re deceosed lived. If institution: re B. COUNTY	
	FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR	HOSPITAL OR INSTITUTION, GIVE STREET (CATION)	Maryland c. city or town (if outs Baltimore	cide corporate limits, write RURAL	and give township)
4	4 UNION MEMORI	IAL HOSPITAL	D. STREET ADDRESS (If run		K.
	5. SEX 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years If Und	ler 1 Yr. If Under 24 H
	10A. USUAL OCCUPATION (Give kind done during most of working life, even if the life of the	of work TOB. KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (Stote or fore	124d WH	ZEN OF AT COUNTRY?
	Edwar. 15. WAS DECEASED EVER IN U.S.	1 Janes Schafer ARMED FORCES? 116. SOCIAL	17. INFORMANT	y Caa	
	(Yes, no or unknown) (If yes, give wor		A	Fer 15/3 E. Fo.	
	18. 422,11		E OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION LEADING TO I	DEATH Arte	riosclerotic car	rdiovascular dise	ase
	(This does not meon the me heart failure, asthenia, etc. It injury or complication which c	meons the disease,			
	ANTECEDENT C	CAUSES			
	DISEASES OR CONDITION	(A) STATING THE			
	UNDERLYING CONDITION	(C)			
	OTHER SIGNIFICANT CONDI	OT RELATED TO THE			
	19A. DATE OF OPERATION 191	B. CONDITION FOR WHICH OPERATION AS PERFORMED	20 A. AUTOPSY? (Yes or N	O) 20 B. IF YES, WERE FINDINGS	
	21 A. EXTERNAL CAUSE WAS		NO	(If in Boltimore City, give exact	
10	UNDERLYING OR CONTRIB-	home, form, factory, street,	office bldg., INJURY OCCUR?	an an administration of the same of the sa	7000110111
	21 D TIME (Month) (Doy)	(Year) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
O.B.	(APPROX.)				
		m. WORK L AT	WORK L	this bosis, deoth in my opini	on
	(APPROX.)	on Inquiry Inspection X A	WORK L	this bosis, deoth in my opini Undetermined monner	on
	22. I certify that I held resulted from: Notu	on Inquiry Inspection X A	work utopsy and that on the Hamicide CHIEF MEDICAL E	Undetermined monner XX	on DATE SIGNED
	22. I certify that I held resulted from: Notus ACTUAL SIGNATURE EXAMINER'S	on Inquiry Inspection X A	work utopsy and that on the Hamicide CHIEF MEDICAL E	Undetermined monner EXAMINER XX EXAMINER	





1, N.	AME OF DEC	EASED		188 CERTIFIC		2. DATE AN	ID HOUR OF DEATI	H	
Тур	e or Print)	Mary E. F	enwick			June	23, 1967		7 110 =
3. P	LACE OF DEA	TH IN BALTIMORE, M			4. USU	AL RESIDENCE (Whe	re deceased lived. II	institution: res	idence before odmi
					Ma. STA	ryland	ITY	120	Ota
- 1-	ULL NAME O	F (If not in hospite oddress or locat	ol oi instituti tion)	on, give street	C. CID	OR TOWN (If our	teide city limits write	RURAL and	give township)
II	NOITUTITE					altimore	raide city mining, white	I A	() ()
0	Bar I	Vil Ba Conva	alesce	nt Home			rurol, give location)		2
		W. Cold Sp			610	06 Clarks L	ane - Mt.	Washing	rton
5. S		6.RACE Colored	7. MARR WIDO	IED, NEVER MARRIED WED, DIVORCED (specify) dowed	B. DATE	OF BIRTH	9. AGE (In years lost birthdoy) 100 Yrs.	If Under Months: [1 Yr. If Under 2 Doys Hours A
		PATION (Give kind of wo		OF BUSINESS OR INDUS	TRY 11. BIRT	HPLACE (State or fore	ign country)	12. CITIZE	EN OF T COUNTRY?
	Domestic			. Family	Sair	nt Mary's C	o Ma		5.A.
13. F	ATHER'S NAN	A E		2 001112 11.5		THER'S MAIDEN NA		Uek) • A •
	Walter 1					Josephine	Thomas		
15. V (Yes.	Vas Deceosed ,no or unknown	(II yes, give wor or do	forces? otes of servi	1 6. SOCIAL SECURITY NO.		DRMANT			ADDRESS
					Jos	sephine Fen	wick-6106	Clarks	Lane
	1B. 44 11	= VI		CAUS	E OF DEAT	Н			NTERVAL BETWEEN
		asthenio, etc. It mean		ase,	VIDI	ensive dr			
ICATION	DISEASES OF THE DISEASE OR DISEASE OR DISEASE OR	asthenio, etc. It mean plication which cause ANTECEDENT CAUSE OF CONDITIONS, if to obave couse (AS CONDITION lost. II FICANT CONDITIONS FATH BUT NOT RECONDITION CAUSING	ns the disered death.) ES fony, given stating CONTRIBUTION TO STATE TO S	(B) DUE TO Ving The (C)	Id ag	E			
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			BALTIMORE CITY	HEALTH DEPARTMENT		CT 0400		
BIRTH NO.	67	619	O CERTIFICA	TE OF DEATH	Registered No.	b/ b130_		
M.E. CASE NO.	CIACID	Oxe	JU 0211110		NO HOUR OF DEATH			
(Type or Print)	MARY	H. CL	ASSON		25, 1967.	14.02 p.m		
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe	ere deceased lived. If i	nstitution: residence before admission)		
FULL NAME HOSPITAL OF			give street	Md.		Balts		
(NSTITUT(ON				C. CITY OR TOWN (If or		RURAL and give township)		
7	Century Nursi			D. STREET ADDRESS ((f rurol, give location)				
	102 N. Paca S	St.			Chesley Ave	nue		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
Female	White	Wide	D, DIVORCED (specify)	Sept. 23,1874.	92	170013		
		10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF		
	ol working life, even il retired) SEWISE			Maryla	nd	WHAT COUNTRY?		
13. FATHER'S NA				14. MOTHER'S MAIDEN NA		C1		
	Thomas H	lealy			Elear	nor Steever		
	ed Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		215-03-8799D	Mr. Earle Vavr	ina,28 W. E	lm Ave. #6		
18.	2211	-	CAUSE O	F DEATH	1	INTERVAL BETWEEN ONSET AND DEATH		
DISE	ASE OR CONDITION DI	RECTLY		1. 1.		A CINSEL AND DEATH		
	LEADING TO DEATH		(A) Cri	dio Pesper	work the	are		
	nat mean the made af a, asthenio, etc. It meons			- conto	earl Jan	lung		
	amplication which caused			Just With	1			
	ANTECEDENT CAUSES		DUE TO	Cr. Civili				
DISEASES	OR CONDITIONS, if	any, giving	201.10	en . artu	melous			
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UNDEKLIIN	NG CONDITION last.		Att	nuch				
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	OF OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED		
OR CONTRIL	ENT WAS UNDERLYING DEUTING CAUSE OF	21 B hon etc.	ne, form, foctory, street, of	n or obout 21C. WHERE DID	(If in Baltimor	re City, give exoct location)		
OF INTER	(Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?			
S OF INJURY			ile At Not While	е				
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	y that (1) (this hospital		1	- 4 -	1965 to A	ene 25 1967		
	e) lost sow the deceose		(1			inion deoth occurred on the dat		
		ed obove. (l) (We<mark>) (dtd)</mark> (did not) v	iew the body ofter death.				
23A. SIGNAT	TURE					23B. DATE SIGNED		
11100	2011(41)	eux,	M.D. Atte	ending Med. Director	Stoff Phy s.	6/26/6		
23C. PHYSICI	(Type)			23D. ADDRESS	He . 7A	- On		
244 8118141 65	BOLD 120	PLETE		3 101 100012	- // - 9			
24A. BURIAL CR REMOVAL Buri	(Specify) 6/28/	67. Ho	AME of CEMETERY of CRE		Baltimore,	Md. (State)		
25A. DATE REC'	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	Leonard J. Ru		ADDRESS lte. Md. 21214		
WE 150 BEV 1/1	1/45	hall we	MOTHER AS		7			

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	BALTIMORE CITY	Y HEALTH DEPARTMENT		67 6191
MRTH NO. M.E. CASE NO. I, NAME OF DECEASED	6191 CERTIFICA	TE OF DEATH	Registered No	01 02.02
Type or Print) FULTON	S. BOZMA		25, 1967	8:30 P
PLACE OF DEATH IN BALTIMORE, MARYLA	AND		here deceased lived. If ins	titution: residence before admissi
FULL NAME OF (If not in hospitol or ins HOSPITAL OR oddress or location)	stitution, give street	Maryland	outside city limits, write RU	JRAL ond give township)
House in the Pines	Nursing Home	Baltimore		21-00
	re) Road, Balto.	3201 Echodal	If rurol, give locotion) e Ave14	
male white 7. N	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	March 10,1895.	9. AGE (In years lost birthdoy) 72	If Under 1 Yr. If Under 24 h Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, lone during most of working life, even if refired) Retired Carpenter	KIND OF BUSINESS OR INDUSTRY	Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME	•	14. MOTHER'S MAIDEN N	AME	
John W. Bozn	man		Elizabe	th Smith
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of	service) 1 6. SOCIAL SECURITY NO.	Mrs. Cecie McI	aniel	(Same)
DISEASE OR CONDITION DIRECT		DE DEATH	,	INTERVAL BETWEEN ONSET AND DEATH
(This does not meon the mode of dyin heart failure, asthenia, etc. It means the injury or complication which coused deat ANTECEDENT CAUSES	diseose,	mlozui Care	~~~	19.
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stol UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TRIBUTING TO THE			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING	ON FOR WHICH OPERATION MED	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
OF INJURY (Month) (Doy) (Yeor) (He		21F. HOW DID I	NJURY OCCUR?	
(APPROX)	While At Work At Wark			
22. I certify that (I) (this hospital) at	tended the deceased from	6/20	19 67 ta	6/2-/1967
that (1) (we) last saw the deceased al			that in (my) (****) opin	ian death occurred on the
ond hour and fram the causes stated a				
23A. SIGNATURE B Brack	M.D. At	tending Med.	Stoff Phys.	23B. DATE SIGNED
23C. PHYSICIAM'S NAME (Type)	Bradlev M.D.	4900 Belair	Rd., Balto.,	Md
Dr. Albert B.	· DI action			110.
Dr. Albert B. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 6/28/67.	24C.NAME of CEMETERY or CE	REMATORY 24D.	Baltimore,	y, town, or county) (State

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IMPORTANT

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	CASE NO.			6			
(Тур	ME OF DECI	Shook (N	eeder)		Jur	TE AND HOUR OF DEATH	19:
3. PI	JLL NAME OF OSPITAL OR	TH IN BALTIMORE, MA	or institution, g	jive street	4. USUAL RESIDENCE A. STATE B. Mayyland C. CITY OR TOWN	(If outside city limits, write	
2	ISTITUTION				Baltimore D. STREET ADDRESS	21214 (If rurol, give location)	C NORAL OND GIVE TO
5. SE		Hill Nursing		NEVER MARRIED	B. DATE OF 1898	9. AGE (In years	If Under 1 Yr.
Fe	male	White	Sepate	, DIVORCED (specify)	February 2	lost birthdoys	Months Doys
done		vorking life, even if retired) ion			Maryland 14. MOTHERS MAIDE		United
F	dward J	. Fitzpatric	k		Mabel Coff		
(Yes,	Vas Deceased no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	rces? es of service)	1 6. SOCIAL SECURITY NO.	Mrs. Partie	ia Everhart	(Same
	(This does not heart failure, injury at came A DISEASES Orise to the	LEADING TO DEATH of mean the mode of asthenia, etc. It means plication which coused ANTECEDENT CAUSES R CONDITIONS, if abave cause (A) is CONDITION last.	the disease, deoth.)	(8) A	areinoma of inability to inabil	nove left leg	
ATION	(This does not heart failure, injury as came and the comment of th	of mean the mode of asthenia, etc. It means plication which coused NATECEDENT CAUSES R CONDITIONS, if above cause (A) (CONDITION last. II FICANT CONDITIONS CEATH BUT NOT RELACEDENT CAUSING I	the disease, deoth.) any, giving stoling the CONTRIBUTING ATED TO THE	(c) C	nability to manufacture in the m	nove left leg ary) ertibrae	
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FUNERAL DIRECTOR: IMPORTANT

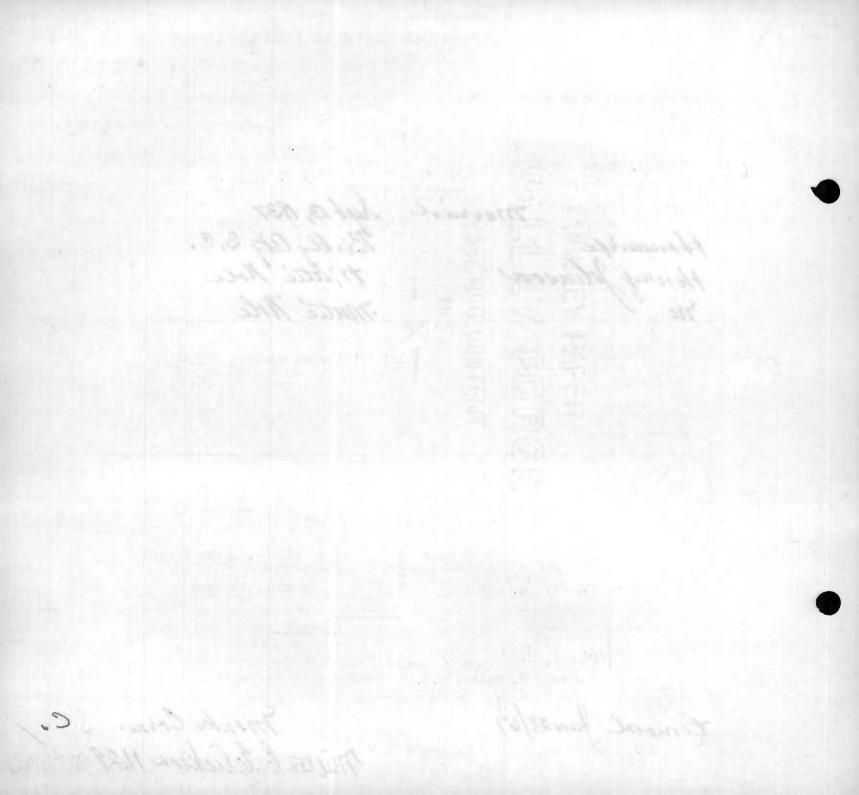
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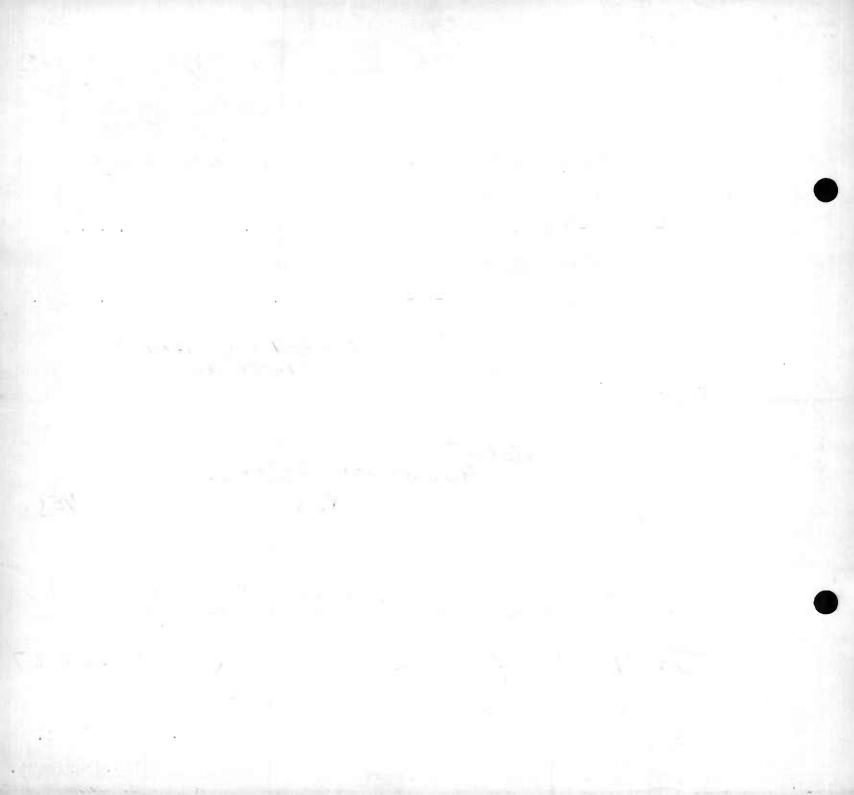
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21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., INJURY OCCUR? UTING CAUSE OF DEATH. etc.) 2924 W. North Avenue home 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 21 D TIME (Month) (Dov) (Yeor) (Hour) OF INJURY 3:42 (APPROX.) WHILE AT NOT WHILE shot by husband June 24. a. m. WORK I certify that I held an Inquiry Inspection Autopsy X and that an this basis, death in my aplnlan resulted fram: Natural causes Hamicide X Undetermined manner Accident Sulcide CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE. 6/24/67 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Switz, Werner U. NAME (Type) 23A. BURIAL CREMATION. 23D. LOCATION 23B. DATE 23C. NAME of CEMETERY or CREMATORY REMOVAL (Specify) une 28 ZAB, NAME OF REGISTRAR 24A DATE REC'D BY HEALTH DEPT. VS 151-REV. 1/1/65



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FULL NAME OF dideas in the case of median in this plant of institution, give sweet in the case of medians or the c	1.NA (Type	or Print)	PACE MARGE MARYIAND	Herb.		1/1/1/	7 8:35P.M.
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5. Was Decessed Eve in U. S. Amed Forces? **Responder of More of Service	13. F		James dala	mo m			
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that (we) lost sow the deceased alive on 6-25 19 67 and that in (me) (our) opinion death occurred on the do ond hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE Additional Med. Stoff Director Phys. P	VEDI	OF INJURY	(Doy) (Yeor) (Hour)	While At Not Whi	le 🦳	NJURY OCCUR?	
23A. SIGNATURE Attending Med. Director Stoff Phys. Attending Med. Director Phys. Attending Phys. Attending Med. Director Phys. Attending Phys. Attend				10-25			
23C. PHYSICIAN'S NAME (Type) 1. M. Kaufman M.D. 1213 Light St., 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) 24C. NAME of CEMETERY of CREMATORY 25D. LOCATION (City, town, or county) 25C. FUNERAL DIRECTOR ADDRESS 25C. FUNERAL DIRECTOR ADDRESS			couses stoted obov	ve. (1) (We) (did) (did not)	view the body ofter deat	h.	23B. DATE SIGNED
Mr. M. Kaufman M.D. 1213 Light St. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24B. LOCATION (City, town, or county) Burial 6/28/67 Parkwood Cemetery Taylor Ave. Baltimore Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	2		Fan	Phy		Stoff Phy s.	6-26-67
Burial 6/28/67 Parkwood Cemetery Taylor Ave. Baltimore Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	24A.	BURIAL CREMATION,	Kaufm AB. DATE 2	alv	12/3 L/9 EMATORY 2/0.	ht St LOCATION (CIT	ly, town, or county) (State)
JUN 27 1967 258. NAME OF REGISTRAR KRAUSE FUNERAL HOME 1216S. Charless		Burial	6/28/67 :				Baltimore Md.
	25A.		H DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS



Type or Print)	DECEASED STARLING	S. Stan	ley W.	2. DA	June 23,196	7 5:30
. PLACE OF	DEATH IN BALTIMORE, MA					institution: residence before odmiss
				11	COUNTY	900
FULL NAM		or institution,	give street	Maryland	Baltimore	1-0
INSTITUTIO			ion Hospital		(If outside city limits, writ	e RURAL and give township)
7	3900 Loch Ray			Baltimore D. STREET ADDRESS	(If rurol, give location)	
	Baltimore, Ma			610 E. 31s		
SEX	6. RACE	WIDOWE	D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Mi
Male	Caucasian	Divo	reed	4-11-96	71	
	CCUPATION (Give kind of wo		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
			Company	Maryland		U. S. A.
Sales FATHERS	NAME			14. MOTHER'S MAIDEN	NAME	
Frank	Starlings			Eleanor N.	Jones	
			114 50 0141			Approce
es, no or unkn	sed Ever in U. S. Armed Fo	tes of service)	16. SOCIAL SECURITY NO.		cords	ADDRESS
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1B. 4	93 X I		CAUSE C	F DEATH		INTERVAL BETWEEN
DIS	EASE OR CONDITION D	IRECTLY	D.,			ONSET AND DEATH
	LEADING TO DEATH	((A) DUE TO	eumonia		1 Week
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	OR CONDITIONS, if					
	the above couse (A)	slaling the	(C)	• • • • • • • • • • • • • • • • • • • •		
O I I DE II C						
OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTIN	G			
TO THE	DEATH BUT NOT REL	ATED TO TH	Ps;	ychosis		
19A DATE	OF OPERATION 198. CO	NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 20B. IF YES, WES	RE FINDINGS CONSIDERED
2	WAS PE	RFORMED		Vac	IN CERTIFYING	CAUSES OF DEATH?
) 21A. ACC	DENT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE D	OID (If in Boltim	note City, give exact location)
OR CONT	RIBUTING CAUSE OF Cause of	hor	ne, lorm, foctory, street, o	Ifice bldg., INJURY OCCL	J R?	
21 D. TIME		1 (Hour) 211	. INJURY OCCURRED	215 HOW 21	D INJURY OCCUR?	
OF INJUR	Y (Monin (Doy) (Teor		hile At Not Whi		D INJUKT OCCUR!	
(APPROX.)			ork At Work			
22. I cert	ify that (1) (this hospita	al) attended	the deceased fram	May 21,	1967 ta J	June 23, 1967
- 114						pinian death accurred an the
	and from the causes sto					
23A. SIGN			w/ (ne/ (did) (desirati)	THE HUDY GITTER DE	74 III.	23B, DATE SIGNED
237.131014	1 100 A.		M.D. AH	ending Med.	Stoff rem	
	Muss	MONON	Phy	s. Director	Stoff Phys.	6-23-67
23C. PHYSI	CIAN'S E (Type) Allan Joh			23D. ADDRESS		
NAM	AILAN JOH	nson	M.D.	V.A. Hospital	L. 3900 Loch I	Raven Blvd., Balto.
NAM	111111111111111111111111111111111111111				, ,,,,	aron barar, baror.
4A. BURIAL	CREMATION, 24B. DATE	24C. N	AME of CEMETERY OF CR			(City, town, or county) (Stat

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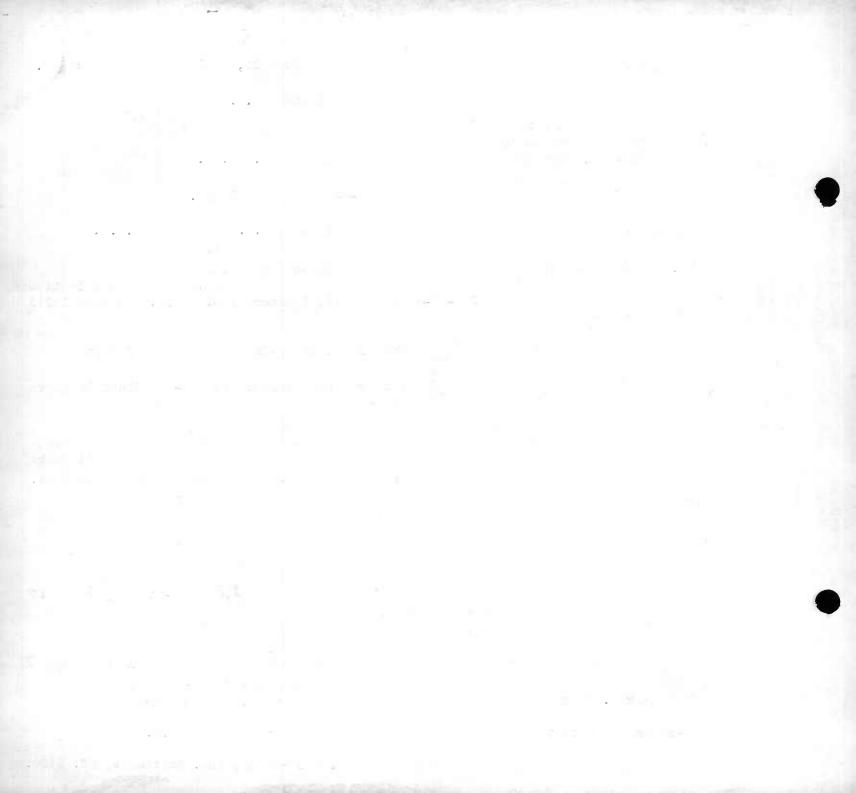
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VS 150-REV. 1/1/65

Cook-Brooks Inc. Baltimore, Md. 21202

BALTIMORE CITY HEALTH DEPARTMENT



24B, NAME OF REGISTRAR

Jalouria

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.

Wm. Cook-Brooks Inc. 1217 St. Paul St.

24C. FUNERAL DIRECTOR

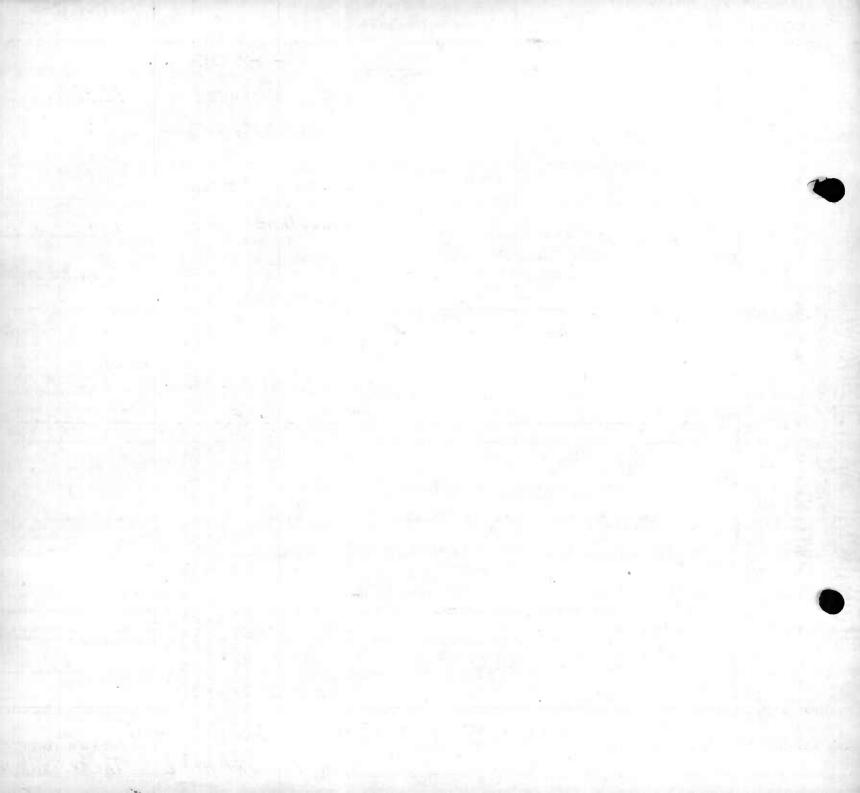
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v.s. 153 6-28-67 M.H.

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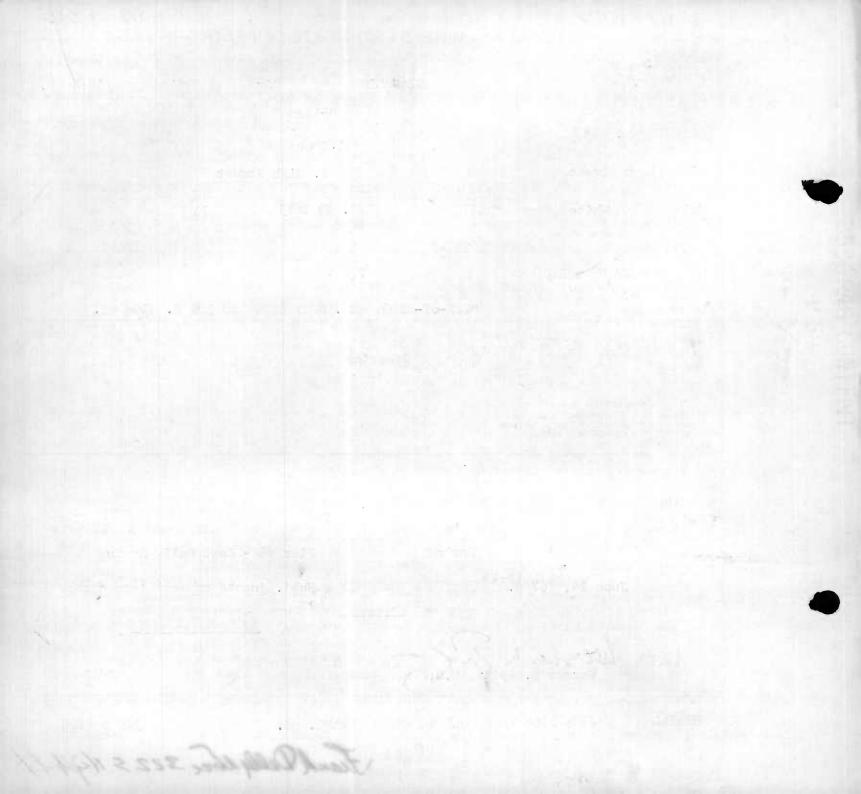
DIRECTOR:

FUNERAL



D-240 BIRTH NO. BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

ype or Print	CEASED	The same			2 DATE AND	HOUR PRONOUN	CED DEAD	
YPE O' ERNES	ST		DI CIA	.to		ie 24, 1967		12.40 D
	IMORE, MARYLAND, W	HERE PRONO		4. USUAL RE A. STATE Mary	SIDENCE (Where	deceosed lived. If in B. CO	stitution: residence	12:40 P.M e before odmissio
JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR	TOWN (If outside	corporate limits, wri	ite RURAL ond g	ve township)
700 Fle	et Street				DDRESS (If rurol, . High St			
sex Male	6. RACE White	WIDO WED,	NEVER MARRIED DIVORCED(specify) RRTED	8. DATE OF B	IRTH	9. AGE (In years lost birthday)	If Under 1 Y Months Doy	r. If Under 24 Hr s Hours Min.
A. USUAL OCCL	JPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	CE (State or foreign	73	12. CITIZEN C	
TATLOR FATHER'S NAM		MENS C	LOTHING	TTALY	MAIDEN NAME		ITALY	
ANTH	ONY DI GULIO		2	?????	WARDEN HAME			922
WAS DECEASE s, no or unknown)	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMAN	IT		ADDRESS	
NO		3.4	"217-07-0200	MRS. N	MARY DI GU	ILIO 309 S.	HIGH ST	•
A								
DISEASES RISE TO TH UNDERLYIN	INTECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	NY, GIVING TATING THE	(C)					
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OTHER SIGN TO THE DISEASE OF INJURY (APPROX.) DISEASE OF INJURY (APPROX.) DISEASE OF INJURY (APPROX.)	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST. II NIFICANT CONDITION LAST. DEATH BUT NOT REI R CONDITION CAUSING OPERATION 198. CON WAS PERF L CAUSE WAS OR CONTRIB- SE OF DEATH. (Month) (Doy) (Yeor June 24, '6 rify that I held an Inted fram: Natural cause URE Werner	CONTRIBUTION FOR TO	(C)	NHILE ZORK Payor X Pier #6 How DD INJU Subj. jui	IN CERTIFYING CAN If in Boltimore City, - East Fal RY OCCUR? Imped or fe s basis, death in Indetermined man AMINER AMINER	uses of DEATH give exoct locotic 1s Avenue 11 into h my apinlan ner X	Yes narbor	

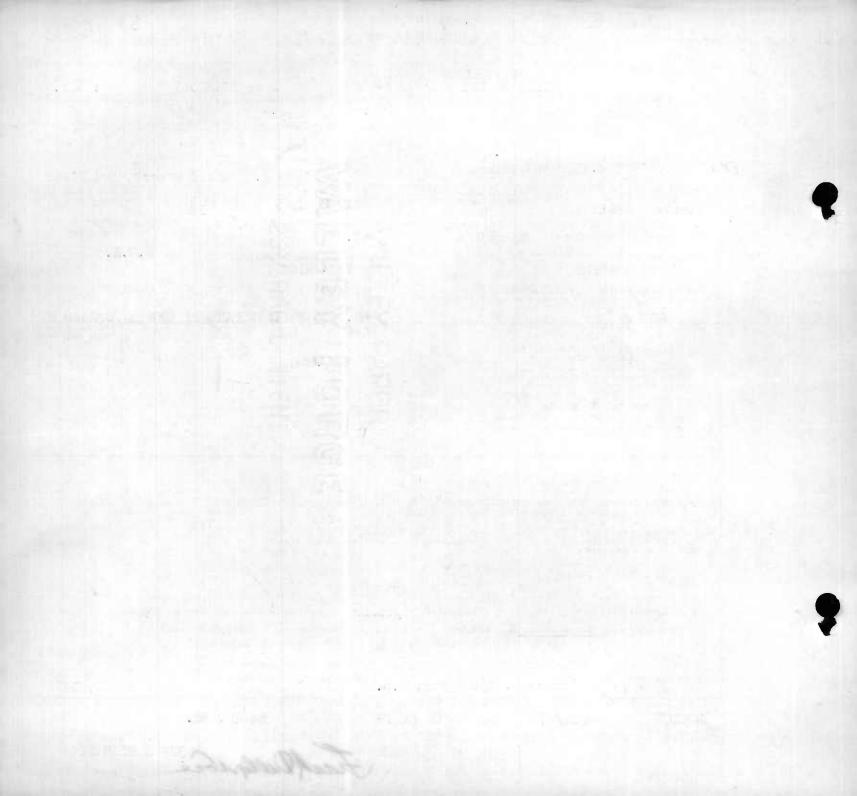


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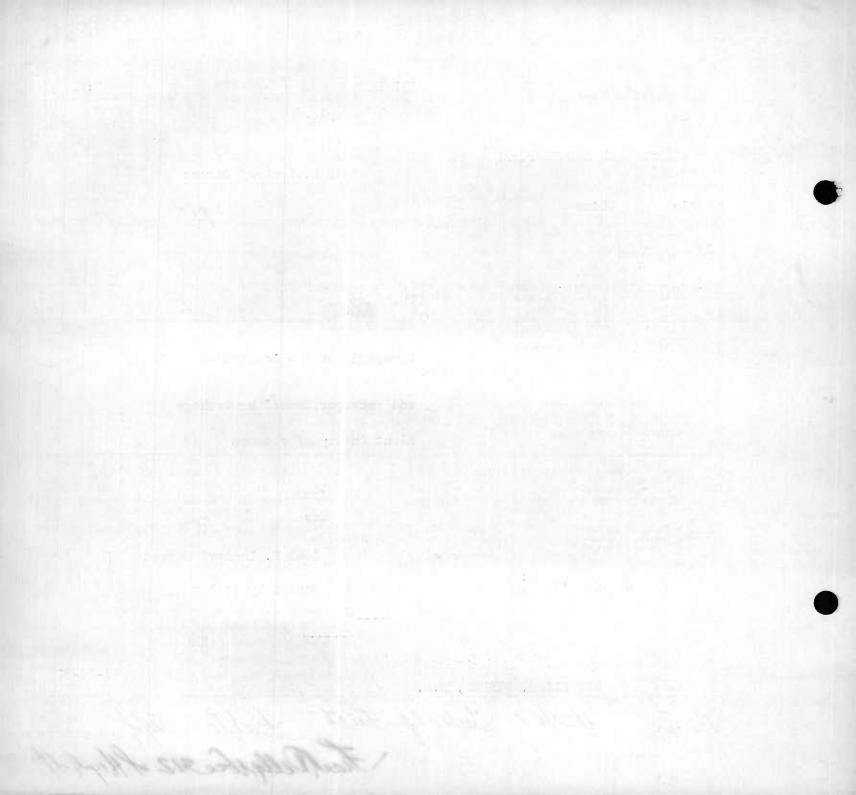
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.								
1. NAME OF DE			2. DATE AND	HOUR PRONOUNC	ED DEAD			
			LEE TRANSPARI	ENTI	June	21, 1967	1	4:30 P. N
	TIMORE, MARYLAND, W			A. STATE	Maryland	eceosed lived. II insti B. COU	itution: residen JNTY	ice belore odmissio
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTITU ATION)	JTION, GIVE STREET	C. CITY OR TO	WN (II outside	corporate limits, write	RURAL ond	give township)
INSTITUTION					Baltimor	e	30	7
)	1009 E. Lomba	and Ctmo	0.4	D. STREET ADD	DRESS (II rurol,	give location)		
	1009 E. Louida	ita Stre	et		1009 E.	Lombard St:	reet, 3	rd Floor
5. sex Female	6. RACE White		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIR MAY 28		9. AGE (In years last birthdoy) 58	II Under 1 Months Do	Yr. If Under 24 Hooys Hours Min.
	UPATION (Give kind of worl working life, even il retired)	HOUSE	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreign		12. CITIZEN WHAT	OF COUNTRY?
3. FATHER'S NAM	ROBERTS			14. MOTHER'S A	AAIDEN NAME		U.S.A.	•
15. WAS DECEASE	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
NO				MP TOS	יות א כיחי נוכיק	SPARENTI IC	MO F T	מס מסומת
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	3,31	DECT! 4					0	NSET AND DEATH
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(This does heart foilure injury or co	not meon the mode of , osthenio, etc. It meons mplication which caused	dying, e.g., the disease, death.)	DUE TO		F	**************************************		OM00000 NO GOO OO OO OO OO OO OO OO
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RISE TO TH	OR CONDITIONS, IF A	TATING THE	DUE TO					
	NG CONDITION LAST.		(C)					
<u> </u>	11		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
O THE	II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO T	NG HE					
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5	WAS PER			Yes	111	N CERTIFYING CAUS	SES OF DEAT	H?
	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g., , form, foctory, street,			in Boltimore City, gi	ve exoct loco	ition)
UTING CAU	SE OF DEATH.	etc.)	, tom, toctory, sireer,	owice piag., INJUR	(T OCCUR?			
∑ 21D TIME	(Month) (Doy) (Yeo	r) (Hour) 2	IE. INJURY OCCURRED	21 F. H	IOW DID INJUI	RY OCCUR?		
OF INJURY		m \	WHILE AT NOT	WHILE WORK				
22.					1.1.			
	tify that I held an I	-				basis, death in n		
resul	ted fram: Natural ca	uses X	ccident Suicio			ndetermined mann	er	
ACTION	. / / /	7	1 4	CHIEF	MEDICAL EXA	MINER		DATE SIGNED
SIGNAT		2 %	Jul M.D	ASSISTANT A	MEDICAL EXA	MINER		DATE STOTIES
EXAMIN NAME (KER'S Charl	es S. S	pringate, M.D	ASSOCIATE	MEDICAL EX	AMINER	June	22, 1967
23A, BURIAL CRE			C. NAME OF CEMETERY ARDEN OF FAIT			CATION (City,	, town, or cou	inty) (Stote)
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNE	RAL DIRECTOR		ADI	DRESS
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	JUN 27 190/	The Course	in Car depending	HAM	RUICE	Noce		
VS 151-REV. 1/1/		1.0	No. of Lines					



1. 1	M.E. CASE NO. 1. NAME OF DECEASED					2. DATE AND	HOUR PRONOUNCE	ED DEAD	
(Ту	pe or Print)		KENNETH	EVE	የድጥጥ	6-26-	-67	1	2:25 AMM
3. P	PLACE IN BALT	TIMORE MARYLAND				DENCE (Where de	T .	tution: reside	ence before odmission
HO	STITUTION	ADDRESS OR LO	DCATION)	UTION, GIVE STREET	c. city or to	wn (If outside o	corporate limits, write	RURAL ond	d give township)
	CHURCH	H HOME AND	HOSPITAL	- DOA		oress (If rurol, gi			
5. S	Male	6. RACE White		, NEVER MARRIED DIVORCED (specify)	8. DATE OF BIR	тн	9. AGE (In years lost birthday) 2414		1 Yr. If Under 24 Hrs Doys Hours Min.
		UPATION (Give kind of working life, even if retire		F BUSINESS OR INDUST	RY 11. BIRTHPLACE	(State or foreign	country	12. CITIZEN WHAT	OF COUNTRY?
13.	FATHER'S NAM	ΛE			14. MOTHER'S	MAIDEN NAME			
		D EVER IN U.S. ARA (If yes, give wor or		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	heort foilure,	not mean the mode, osthenio, etc. It me mplication which cous	eons the diseose, ed deoth.)	******					
FICATION	DISEASES RISE TO TH UNDERLYIN	ANTECEDENT CAU OR CONDITIONS, I E ABOVE CAUSE (A NG CONDITION LA II NIFICANT CONDITIO DEATH BUT NOT	F ANY, GIVING STATING THE ST.	C) Blur	retroperi	•			
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EDICAL CERTIFIC	DISEASES RISE TO TH UNDERLYIN OTHER SIGI TO THE DISEASE OF 19A. DATE OF 21A. EXTERNA UNDERLYING	OR CONDITIONS, I E ABOVE CAUSE (ANG CONDITION LANGE CONDITION LANGE CONDITION CAUSE CONDITION CAUSE COPERATION 198. (Was Laure Condition) (Doy) (Angle Control	F ANY, GIVING STATING THE ST. ONS CONTRIBUTI RELATED TO SING IT. CONDITION FOR PERFORMED 21B. hometc.) Year) 2 (Hour) 2 : 00 67 AM m., Inquiry Causes	DUE TO (C) Blur NG THE WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form, foctory, form, foctory, street, form, foctory, street, form, foctory, street, form, foctory, form, foctory, street, form, foctory, fo	20A. AUTOPS Ye , in or obout 21C. office bldg, INJUI 2 2 PWHILE X B utapsy X an de Homic CHIEF A	of abdome Y? (Yes or No) 20 S WHERE DID (If YYOCCUR? 043 E. LC IOW DID INJUR eaten by and thot on this cide X Un AEDICAL EXA	DR. IF YES, WERE FIND CERTIFYING CAUS Yes in Boltimore City, given bard Strey occur? father basis, death in modetermined manner MINER XX.	eet	otion)



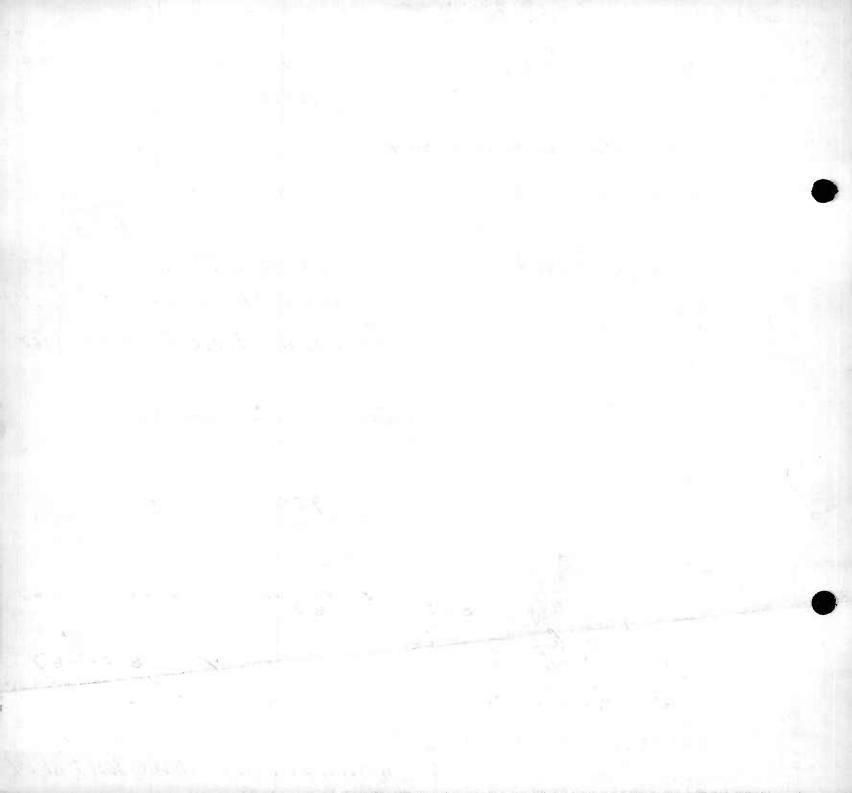
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6	is certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	ne body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (A hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (cas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the eceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such ritten approval must be obtained before the remains are embalmed or final disposition is made.	
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	is cer	e bod	as D.O.A. at a hospital (except where the physician who pronounced death was in regular escased prior to death); and (6) No physician was in regular attendance on the deceased priritten approval must be obtained before the remains are embalmed or final disposition is made.	
	his	how w	ece ece	

	BALTIMORE CITY	Y HEALTH DEPARTMENT	07 000
BIRTH NO. 67 6	205 CERTIFICA	TE OF DEATH Registered No.	67 6205
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	4
Type or Print)			
Charles N.	10 30 12011	6-24-67 4. USUAL RESIDENCE (Where deceased lived, If	4.031
B. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence befare admissi
		1111	
FULL NAME OF (If not in haspital or in HOSPITAL OR oddress or location)	stitutian, give street	pull.	
INSTITUTION			RURAL and give tawnship)
		D. STREET ADDRESS (If rural, give location)	-/-0
Church bornet to	-1. []	D. STREET ADDRESS (If rural, give location)	
Church Brue 9 10	of tal	908 L. Part St	
		1 1 1 1 1 1 1 1	
SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Months: Doys Haurs Mir
Make White	marriel.	4-20-97 70	
OA, USUAL OCCUPATION (Give kind of work 108		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
the state of the state of the later of the state of the s			WHAT COUNTRY?
Guard CI	well Home and Hogeth	Mary land	USA
3. FATHERS NAME	The state of the s	14. MOTHER'S MAIDEN NAME	
-1.4	<u> </u>	1	
Charles (rosur!	house -	
5. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
Yes, na ar unknawn) (If yes, give wor or dates af	service) SECURITY NO.		
Yrs ww.I	213059418	Victoria M. Gosnell 59	09 the zero Hero
18. 4 9 9 1	1.22	OF DEATH	INTERVAL BETWEEN
		A DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LY	11	1
LEADING TO DEATH	(A)	Overnia Chronic Ceral Periase	unlingen
(This does not mean the made of dyi	ng, e.g., DUE TO		
heart (ailure, asthenia, etc. It means the injury or camplication which caused dea	Ih.)	1 . 1 00.	2
	(8)	hiour feval lesease	univer
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if any,	giving		
rise to the above cause (A) sta	ling lhe (C)		
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CON	RIBUTING /		
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE Infector	I leg wheen	
			FINDINGS CONSIDERS
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	n ar about 21C. WHERE DID (If in Baltima	re City, give exact lacation)
DEATH (natify medical examiner)	hame, farm, factory, street, o	inice bidg., INJURT OCCUR?	
0			
21D. TIME (Month) (Day) (Year) (H		21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Nat Whi	le	
111111111111111111111111111111111111111	Wark L Al Wark		
22. I certify that (I) (this hospital) at	tended the deceosed fram	6-18 1967 10	6-24 1967
that (I) (we) last saw the deceased a	1-10		
			inion death occurred an the
and haur and fram the causes stated	abave. (I) (We) (did) (did nat) v	view the bady after deoth.	
23A. SIGNATURE			23B. DATE SIGNED
10 00 in the	M.D. AH	ending Med. Staff	
podula III	Phy	Director Phys.	6-24-67
23C. PHYSICIAN'S	1	23 D. ADDRESS	•
NAME (Type)	11 1 200		1/2-
Fodello 1	1. LIM M.D.	deuch some	+ HOW ,
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	city, tawn or faunty) (Stat
REMOVAL (Specify)	1211 . 1.1.	101. 1211.	100
Berry 6/28/67	Da House Merting	I come teny 12 tomoso	ruck.
SA. DATE REC'D BY HEALTH DEPT. 258			
the state of the s	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	11 Chascon Acres
JUN 28 1967 R.		25C. FUNERAL DIRECTOR 12	11 Closco Hue.
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 12	11 Closeco Here

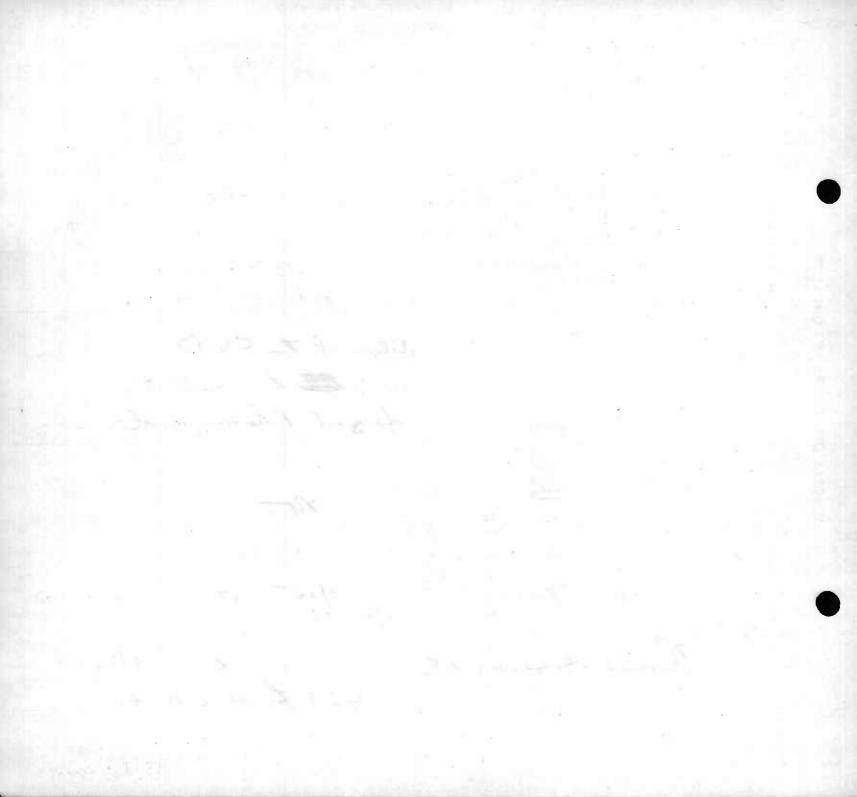


160	67 COOC BALTIMORE CIT	Y HEALTH DEPARTMENT
7.5005	BIRTH NO. M.E. CASE NO. BIRTH NO. CERTIFICA	TE OF DEATH Registered No.
and eatl ase th th	M.E. CASE NO. 1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
_ T3 0 E	(Type of Print)	6-25-67 10:21Am.
of of Dec	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
		A. STATE B./COUNTY
hos Jse (5) an de	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CLTY OR TOWN (If outside city limits, write RURAL and give township)
to se	INSTITUTION	Beltimore 24-0
cau cau	South BALTIMORE Gen. Hop.	D. STREET ADDRESS (If, ruroj, give location)
P. d + d + d + d + d + d + d + d + d + d	SOUTH BATTAORE (TEA. 1004).	1295 Williams St
ad a	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.
Tri E	Femele White Wildowed (Specify)	JAN 6-1888 lost birthdoy 79 Months Doys Hours Min.
00 - 0	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
det det	done during most of working life, even if retired)	Mat COUNTRY?
or o	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
if est (4) (4) (we the	11/10/11	Ell Flish
direct or ; (4) Under the was in the dedisposition	John III Shock	EllA E Wilcomb
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, to grunknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
ssista the kinc dea ince d	1/0 -	Herold W Shivery 2431 /V (elverts)
24 CD 0 L	18. O GOX I	Fialetis Hellites 1940. 1967
S '00 E	DISEASE OR CONDITION DIRECTLY	ONSE! AND DEATH
Also e of noun atte	LEADING TO DEATH	Teoselis Melline 1940. 1961
alro	(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	
a p d d	injury or complication which coused death.)	
min fra ho egu	ANTECEDENT CAUSES (B) DUE TO	
X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, if ony, giving	uoselesosie Cardiovase Deces
(3) e s	rise to the obove couse (A) stoling the (C) HTUE UNDERLYING CONDITION lost.	
ico isal isal icio as as	II II	
did ysi	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
me me ph ph	DISEASE OR CONDITION CAUSING IT.	
a a a a a a a a a a a a a a a a a a a	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by by 2) By re the the physical	A SCIPENT WAS INDERLYING TO A STREET OF INVINEY	123 YSS -
	CO CONTRIBUTION CONTRACTOR	in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., NJURY OCCUR?
>= o = Z a	DEATH (notify medical examiner) Ok CONTRIBUTING CAUSE OF home, form, factory, street, of etc.)	
osp atur pt w (6) ned	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY Mail Month (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Whi	21F. HOW DID INJURY OCCUR?
0 2 0 0	(APPROX.) While At Work At Work	le 🗌
prov the I ny n exce and	22. I certify that (1) (this hospital) attended the deceased fram	5-25-67 19 to 6-25 1967.
D	that (I) (we) last sow the deceased alive on 6 -2 5	19. 6. 2. and that in (my) (our) apinion death occurred on the date
d to the to the	and haur and from the couses pared above. (1) (We) (did) (did not)	view the body after death.
ased dent ospit deat	23A. SIGNATURE	23 B. DATE SIGNED
D 0.5 E 0	M.D. AN	lending Med. Staff Briector Phys. 1 6-21-6)
a collar	23C. PHYSICIAN'S Ph	23D. ADDRESS
was r was r A. at a prior	NAME (Type)	15 12 1:01 1
	24A. BURIAL CREMATION. 124B. DATE / 124C. NAME of CEMETERY of CE	REMATORY 24D. SCATION (City, town, or gounty) (State)
certificat sody was rs: (1) An D.O.A. a ased pric	24A. BURIAL CREMATION, 24B. DATE	LEMATORY 24D. CATION (City, town, or gounty) (Stote)
0 2 0 2 0	11/1/12/ NOWIE LX 67 1+01/2015 1/186	DISTERVING PINCH ICH FOR TO ITH
± 0 ₹ D	10121 20100 -0 -1 0 00 2113 / 1.31	officient form in period inch
his che bhow how ras	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25G FUNERAL DIRECTOR ADDRESS
This certifie body shows: (I) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. JUN 28 1967 VS 150-REV. 1/1/65	Durgee Tyneral Tome 3631 Falls Pa

FUNERAL DIRECTOR: IMPORTANT

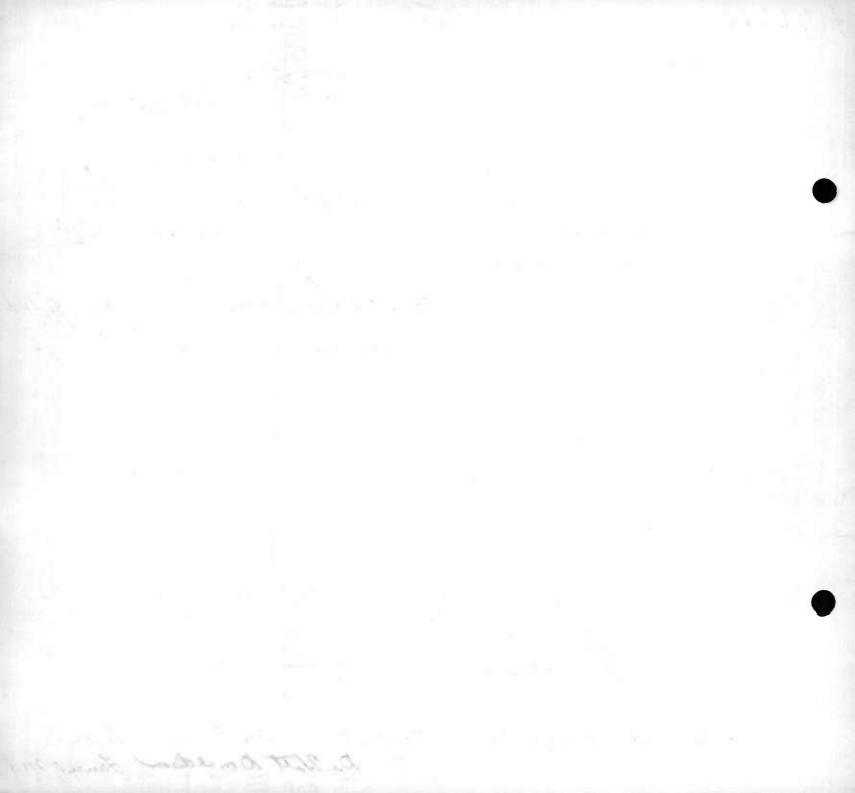


1.1	E. CASE NO. NAME OF DECEASED H. pe or Print) FRANKAGAE	ENWALT	ATE OF DEATH Registered 2, Date and Hour of D 6-26-67	
3.	PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceosed lived A. STATE B. COUNTY	d. If institution: residence before odmissi
	FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital oddress or location	or institution, give street in)	C. CITY OR TOWN (If outside city limits, BALTO. #12	write RURAL and give township)
	MARYLAND GEN	VERAL HOSPITAL	D. STREET ADDRESS (If rurol, give location 1219 CochRAN A	vE.
	MALE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 2-11-89 9, AGE (In years) 10st birthdoy)	Months Doys Hours Mi
dor	A. USUAL OCCUPATION (Give kind of wor ne during most of working life, even if refired) DRUG DEPT.		PENNA,	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAME	
15.	Thomas S. Gare Was Deceased Ever in U. S. Armed Fo	rces? 16. SOCIAL	Smith, Alice	D C.
	S, no or unknown) (11 yes, give wor or dot UKNOWN	es of service) SECURITY NO. 019-03-8244	Patient 1219 Coch	can Ave.
	DISEASE OF CONDITION DI	CAUSE	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
CAL CERTIFICATION	21A. ACCIDENT WAS UNDERLYING	CONTRIBUTING ATED TO THE IT. NOITION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Bo	WERE FINDINGS CONSIDERED OF CAUSES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	home, form, loctory, street, etc.)	office bldg., INJURY OCCUR?	nimore City, give exoct locotion
MEDIC	21 D. TIME (Month) (Doy) (Year) (APPROX.)	(Hour) 21E. INJURY OCCURRED While At Not White At Work Not Work	21F. HOW DID INJURY OCCUR?	
	that (I) (we) last saw the deceas and haur and from the causes sta	l) attended the deceased fram	26 1967 ond that in (my) (our) apinian death occurred an the
	23A. SIGNATURE CONCOL PLANTS NAME (Type)	Streng // Ph	tending Med. Stoff Phys. 23D. ADDRESS	23B. DATE SIGNED 6/26/67
	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	M.D.	17 / march	(City, town, or county) (Sto
24/				
24/	Burial 6/28/6	Govans Presbyter	ian Cemetery Baltimore,	Md



				BALTIMORE CITY	HEALTH DEPARTMENT		OH 0000
BIRTH		67	620	08 CERTIFICA	TE OF DEATH	Registered Na	b/ 0600
	ME OF DEC	EASED			2. DATE A	ND HOUR OF DEATH	4
	or Print)						and the state of t
2 01	ACE OF DEA	Nicholas		ster	TA DESIDENCE (WI	June 26	institution: residence before odmission)
3. FL	ACE OF DEA	TH IN BALTIMORE, MA	KILAND		A. STATE B. COU		institution: residence before odmission)
FU	LL NAME O	F (tf not in hospital	or institutio	n give street	Ma I		
HC	SPITAL OR	oddress or location	n)	, give silver	C. CITY OR TOWN (If	utside city limits, write	RURAL ond give township)
IN	STITUTION	014 N		**	Baltimon		76-10
10		Gould Nu	irsing	Home		f rurol, give location)	2010
0		6II6 Bel	air R	oad	1		
				-0.41	IIO S.C.	inton Stree	t
5. SE)	X	6. RACE	7. MARRI	ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
					Nov-8-1893	73	Months Doys Hours Min.
03 1	ISLIAL OCCI	IPATION (Give kind of work	108 KIND	dowed OF BUSINESS OR INDUSTRY			12. CITIZEN OF
		working life, even if retired)	TOD, KIND	OF BOSHIESS OR INDUSTRI	TI. BIKINFEACE (SIDIE OF ID	reign country)	WHAT COUNTRY?
	Steel	worker	Bo	thlehem Steel	Footown Char		II C A
3. F.4	ATHER'S NAM		De	curenem preer	Eastern Shor		USA
		44.0					
	James	H. Lister			Anna Mahaley	,	
5. W	as Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, n	no or unknown	(If yes, give wor or dote	s of service				
				215-03-0807-	A Leonard Ite	ter ITO S C	linton Street
11	B. 1. 2.	P. 0 14 00	5.0.	CAUSE O			INTERVAL BETWEEN
		E OR CONDITION DIE	RECTLY		1 A		ONSET AND DEATH
		LEADING TO DEATH	VEC IEI	Ola	Louidell	1600,000	1 1 1 1 1 X
10	This does n	of mean the mode of	dvina e	(A)	recourse	sugenura	ugea)
l h	neort failure,	osthenia, etc. It means	the disea		7	· Voice	0/
i	njury or com	plicotion which caused	death.)	102-4	or in allow	A-63/A1	10.1
	-	ANTECEDENT CAUSES		(b) (20	or con con	uc vuc	2V& KQ
	DISEASES	R CONDITIONS, if	any aivi	DUE TO			
		above cause (A)		•			
		CONDITION last.		***************************************			
		- 11					
z	OTHER SIGNI		ONTRIBLIT	ING ADD Y	Λ	<u> </u>	
5	TO THE DI	EATH BUT NOT RELA	TED TO	THE VI	Viola Outland	(a A Oo.	
Y I	DISEASE OR	CONDITION CAUSING I	Т.	out ja	1200 AUTONOVIO	LUNGERY SOL	FINE NOS CONSTRUCTO
ERTIFICATION	9A. DATE OF	OPERATION 198, CON		R WHICH OPERATION	20A. AUTOPSY? (Yes or h	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
EKI							
0 2	A. ACCIDEN	IT WAS UNDERLYING		21 B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimo	ore City, give exact location)
₹ D		medical examiner		nome, farm, foctory, street, of etc.)	ince biags, INJURI OCCUR!		
2	·						
0 2	1 D. TIME OF INJURY	(Month) (Day) (Year)		TE INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
>	APPROX.)			While At Not While Work At Work	e		
							1-19
2:	2. I certify	that (I) (th is hespit al) attende	d the deceased fram	cenl 24,	1967 to Ju	ene 26 1961
11	hot (I) (week	lost sow the deceose	d olive a	n June 0:	25 1967 and 1	hat in (my) (our) ar	pinion death accurred on the dat
-					/		
			red abave	. (1) (Ww)=(Wrd) (did nat) v	lew the body after deoth	•	
23	3A. SIGNATU	RE O	1				236 DATE SIGNED
	K /	Atron	2 V x	M.D. Atte	ending Med.	Stoff Phys.	Jan 27 196
2	3C. PHYSICIA	N'A P	00		23D. ADDRESS //	,	1/2
-	NAME T	(e) // 10 T	DO	γ / T	117011	10-4	4D O Bottom
	Itali	1 /T H/8	100) Li]) M.D.	4106 HZ	REARD	Fire Gacullar
	BURIAL CREA		24C	NAME OF CEMETERY OF CRE	MATORY 24D.	LOCATION (City, town, or county
	REMOVAL (S				1240		/ Colores
	Burial	6-29-6	7	Holl Rosses C.	meherry	altimora Ma	uu land
		BY HEALTH DEPT.	25B. NAM	Holy Rosary Co	25C. FONERAL DIRECTO	artimore.Mai	ry Land ADDRESS
		JUN 28 1967	0.0	1- 8 Salbania			undalk Avenue
			ALL KIRL	A MILL APPROPRIES	walter Dabro	MPKT TOOD DI	undark Avenue
/\$ 15	50-REV. 1/1/6	55			C 6 6		

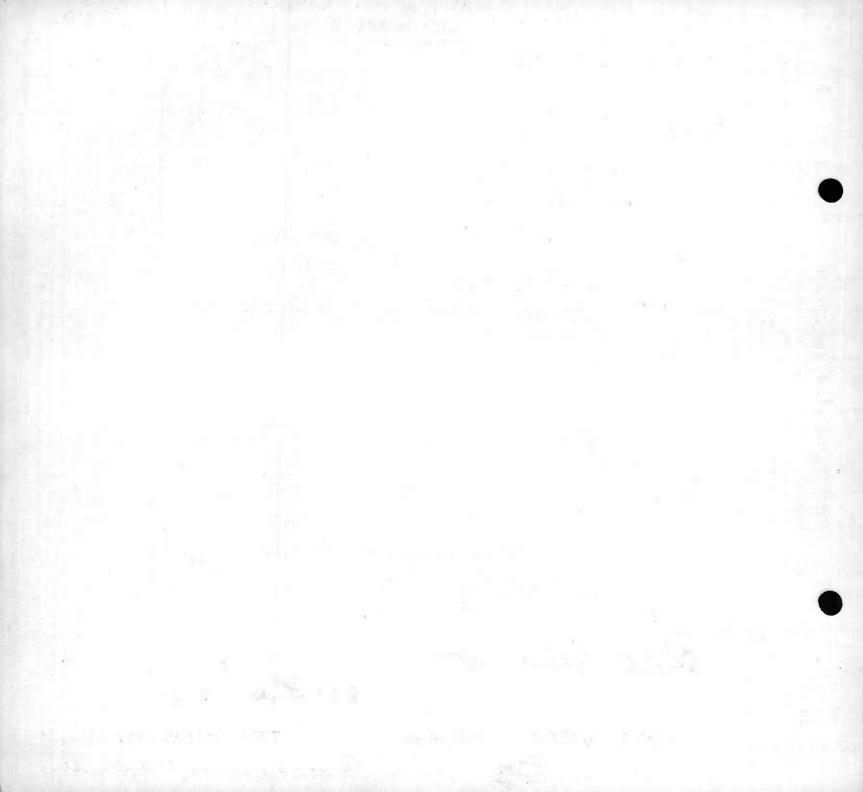
Bien	6/ 6/	CITY HEALTH DEPARTMENT
	H NO. CERTIFIC	CATE OF DEATH \times Registered No. 67 , 6209
1. N	AME OF DECEASED	2. DATE AND HOUR OF DEATH
1	HABER HINTHONY VOSEPH	6/23/67 12 30
3. P	TABER IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before of A, STATE B. COUNTY
F	ULL NAME OF (If not in hospital or institution, give street	MD. Hamer
	IOSPITAL OR oddress or tocotion) NSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	MANUERSITY HOLDITAL	JESSUP (03-00)
)	UNIVERSITY HOSPITAL	D. STREET ADDRESS (If rurol, give location)
_	BALTIMORE, MO.	ZII MISSION RD.
5. S I	EX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED, DEVERCED ispectly	B. DATE OF BIRTH 9. AGE (In years Industry birthdoy) If Under 1 Yr. If Under Months; Doys Hours;
. 4)	1 00	8/11/16 90
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU- during most of working life, even if refired)	WHAT COUNTRY?
51	PATIONARY ENGINEER	Baltimore Md. USA
13. F	TATHER'S NAME	14. MOTHERS MAIDEN NAME
	FRANCIS H. HABER	LISETTE SCHMUTTE
15. V	Nas Deceased Ever in U. S. Armed Forces? Indigenous Property of the Security No.	17. INFORMANT
(163	2.9 - Z.	2755
	18.21 9 R X I CAUS	SE OF DEATH
	DISEASE OR CONDITION DIRECTLY	GE OF DEATH ON SET AND DE
	LEADING TO DEATH	PNEUHONIA 5 das
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	
	injury or complication which caused death.)	
	ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, if any, giving	
	rise to the abave cause (A) stating the (C) UNDERLYING CONDITION last,	
	П	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
		HYPERTROPHY - URINARY TR. INFECTION
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes o 10) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERT	21A ACCIDENT WAS UNDERLYING TO 21R DIAGE OF INJURY	in a should C WHERE DID
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (c home, form, foctory, streed place) 21B. PLACE OF INJURY (c home, form, foctory, streed etc.)	e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) et, office bldg., INJURY OCCUR?
ICAL	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
MEDICAL	OF INJURY	While
MEDICAL	While At Not	While Nork
MEDICAL	While At Not	Nork U
MEDICAL	(APPROX.) While At Work Not	Note 1967 to 6/23 19
MEDICAL	(APPROX.) While At Not Work Not Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on	Nork 1967 to 6/23 19 8 19 6 Zond that in (my) (Sout) opinion death occurred on
MEDICAL	(APPROX.) While At Not Work At V 22. I certify that (I) this haspital ottended the deceased from	Nork 1967 to 6/23 19 8 19 6 Zond that in (my) (Sout) opinion death occurred on
MEDICAL	(APPROX.) While At Work Not Work 22. I certify that (I) this haspital ottended the deceased from that (I) (we) lost sow the deceased alive on ond hour and from the causes stated above. (I) (We) (did) (did not hour and from the causes stated above. (I) (We)	Nork 1967 to 63 1988 1967 to 53 1988 2007 opinion deoth occurred on ot) view the body ofter deoth.
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MEDICAL	(APPROX.) While At Work Not Work 22. I certify that (I) this hospital ottended the deceased from that (I) (We) lost sow the deceased alive on ond hour and from the causes stated above. (I) (We) (did) (did not 23A. SIGNATURE M.D. 23C. PHYSICIAN'S NAME (Iype)	Nork 19
MEDICAL	(APPROX.) While At Work Not Work 22. I certify that (I) this haspital attended the deceased from that (I) (We) lost sow the deceased alive on ond hour and from the causes stated above. (I) (We) (did) (did not 23A. SIGNATURE M.D. 23C. PHYSICIAN'S MAME (Type)	Nork 19 7 to 6 3 19 8 19 7 to 6 3 19 8 19 7 to 6 3 19 8 19 8 7 to 6 3 19 8 19 8 7 to 6 3 19 8 19 8 7 to 6 7 3 19 8 10 8 7 to 6 7 3 19 8 10 8 7 to 7 3 19
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WEDICAL MEDICAL	(APPROX.) While At Work Not Work 22. I certify that (I) this hospital oftended the deceased from that (I) (We) lost sow the deceased alive on ond hour and from the causes stated above. (I) (We) (aid) (did not 23A. SIGNATURE M.D. 23C. PHYSICIAN'S MAME (Iype) BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of	Nork 19 7 to 6 3 19 8 19 7 to 6 3 19 8 19 7 to 6 3 19 8 19 8 7 to 6 3 19 8 19 8 7 to 6 3 19 8 19 8 7 to 6 7 3 19 8 10 8 7 to 6 7 3 19 8 10 8 7 to 7 3 19



BALTIMORE CITY HEALTH DEPARTMENT

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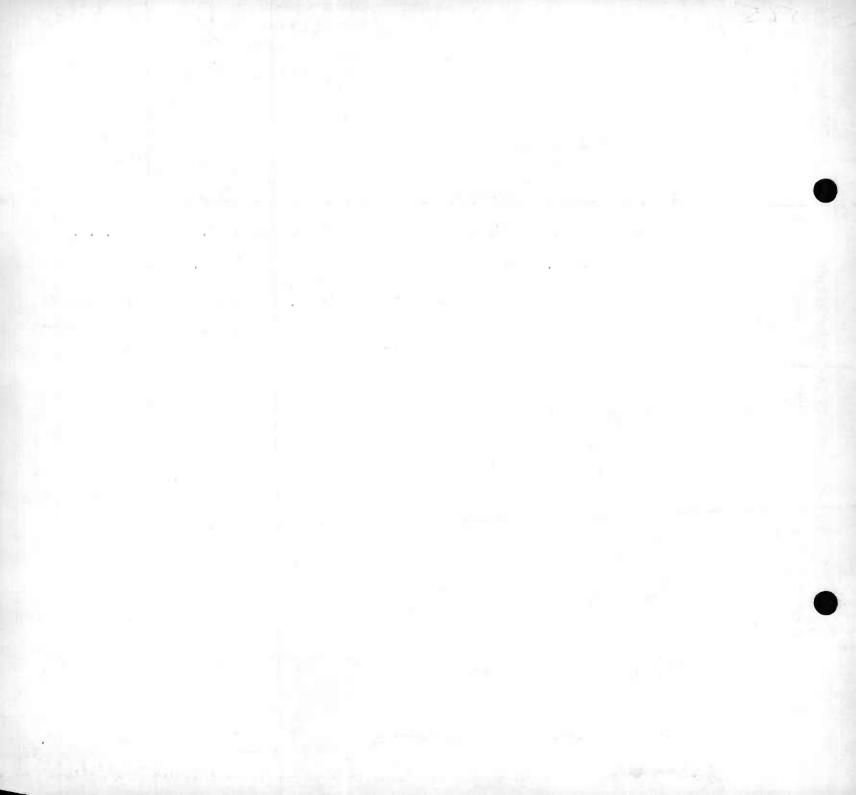


				HEALTH DEPARTMEN	ſ	OH	0044
BIRTH NO.	67	621	1 CERTIFICA	TE OF DEATH	Registered No.	0/	6211
M.E. CASE NO.	CTACCO		OLICI II TO		AND HOUR OF DEATH		
Type or Print)	E bri etino	C.M	nove	2. DATE	6-25-190	64	2-00 1
3. PLACE OF DI	EATH IN BALTIMORE, MA	RYLAND			Where deceased lived. If in	stitution: resid	lence before odmission
FILL BLANC	Or at the fall	to retend	1.01207	A. STATE B. C	OUNTY		
HOSPITAL OR			ive street	C. CITY OR TOWN (I	Baltimor	RURAL ond gi	ive township)
INSTITUTION				Balto	. 21222	15	3-00
0 00	2 1	11	~/ 1	D. STREET ADDRESS	(If rurol, give location)		
CL	urch Hune	4 HO3	pital	8 200	Bull neck	Rol	
5. SEX	6. RACE	7. MARRIED.	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Months: Do	Yr. If Under 24 H
female	white	wido		18/26/1884	82	Wollins: Do	373 110013 174116
IOA, USUAL OCC	UPATION (Give kind of work			11. BIRTHPLACE (State of		12, CITIZEN	
done during most of	f working life, even if retired)			Beltimo	re, Maryland		COUNTRY?
3. FATHER'S NA	The second second			14. MOTHER'S MAIDEN		0.02	7
-	2 77			01 1 1			
	ph Karman	2	14 505141	Christin	e Ledder		DDBEEC
Yes, no or unknow	(If yes, give wor or dote	ces: s of service)	SECURITY NO.	17. INFORMANT		A	DDRESS
no			217-54-24	7 Mary Moc	re, same as	#4	
1B. 44 =	0.0.1	·	CAUSE C	F DEATH			TERVAL BETWEEN
DISEA	ASE OR CONDITION DIE	RECTLY	_	1.0	1. 1. 1 2		The DEATH
(-1:	LEADING TO DEATH		(A)	assive Juy	estine Jang	Rine	
	nal meon the mode of , osthenio, etc. Il means		DUE TO	assive Jus	0 .	0	
injury or co	mplication which coused	deoth.)	1	Interiorella	کئے	Je	real year
	ANTECEDENT CAUSES		DUE TO	P340 NOSCOCO	6 /		0
	OR CONDITIONS, if		7 Λ	10-Da	andial title	ch	
	he obove couse (A) IG CONDITION last.	sloling lhe	(C) . G	and 1000	earance of jour	Cour	
OTHER SIGN	II NIFICANT CONDITIONS C						
TO THE E	D ÉATH B UT N OT RELA R CONDITION CAUSING I						
OTHER SIGN TO THE I DISEASE OR 19A. DATE O	OF OPERATION 198. CON		HICH OPERATION	20A. AUTOPSY? (Yes)	IN CERTIFYING CA	FINDINGS CO	DNSIDERED
ERT	WA3 1 EK	OKNIED			III CERIII IIIIO CA	.0313 01 01	
OR CONTRIB	ENT WAS UNDERLYING DESCRIPTION OF	21 B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DI ffice bldg., INJURY OCCUI	D (If in Boltimor	e City, give e	exoct locotion)
	fy medical examiner)	etc.)	, 10.11., 10.11., 10.11.				
O 21 D. TIME	(Month) (Doy) (Yeor)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
S OF INJURY		Whil	e At Not Whi				
		Work	_			/ 2	1.
	y that (1) (this hospital		e deceased from	6-7	19 6 7 to	6-25	
, , ,) lost saw the decease		6-13		d that in (my) (our) opi	nion deoth	occurred on the d
and hour or	nd from the causes stat	ed obove. (1)	(We) (did) (did nat)	view the body ofter dec	ith.		
23A. SIGNAT	URE	2	1.		<u></u>	23B. DATE	SIGNED
	Kodele	o Ar	An M.D. Att	ending Med. S. Director	Stoff Phys.	6-	18-67
23C. PHYSICI	AN'S	/	//	23D. ADDRESS	2 1		1
INOME (Rode	lio .	ell- Lin M.D.	Che	rel Her	e of	Heip.
24A. BURIAL CR	EMATION, 248. DATE	24C. NA	ME of CEMETERY OF CR	EMATORY 24	D. LOCATION (C	ity, town, or c	ounty) (Stote)
REMOVAL	(Specify)	1/2	la Tarris C			0 15	2
Buria]	-//	67 08.	k Lawn Ceme	25C. FUNERAL DIREC	Baltimore	UO., M8	aryland
ZUAL DATE REC'T	THE OC COOT	A A A	& Farley MA		cooks Bradle		
	THE SAINT	K. Kryll	C' Acroson III	Mar oer Dr	CORS DIAGIE	3 9 1110	Danasta
VS 150-REV. 1/1.	/65						



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	ital of d Dece	3. 1
	se c (5) [ance	
	cau se;	l/i
	d in cau att	40
	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased vas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the leceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Sucle vritten approval must be obtained before the remains are embalmed or final disposition is made.	5. S 13. H 14. N 15. S
	ontrontreerm regis	10A
	ath in dec	don
	f de ct c	13.
Z	dire dy (4 th	15.
TA	kind kind dea dea	15. '(Yes
OR	if if any ced	
FUNERAL DIRECTOR: IMPORTANT	Also, Also, of of oun of the	
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	vs: (Vs: (D.O)	
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	67	621	BALTIMORE CITY	HEALTH DEPARTMENT		67 6212
BIRTH NO.	01	UiJ	CERTIFICA	TE OF DEATH	Registered No.	T. ONL
M.E. CASE NO.	CEASED		1	2. DATE A	NO HOUR OF DEATH	1/1
(Type or Print)	SO MMERMAI	$\sqrt{}$	ELSIE		6/27/	671 5:20
3. PLACE OF D	EATH IN BALTIMORE, MAR	YLAND			ere deceased lived. If	nstitution: residence before admi-
				A. STATE B. COU	NIT .	Part -
FULL NAME		r institution, g	give street	C. CITY OR TOWN (II or	Anida aibi limitaia	RURAL and give township)
INSTITUTION				RAIDA		KOKAL ond give township)
0	Charle II. and	الما		D. STREET ADDRESS (IF	rurol, give location)	00-00
	Sinai Hospi	DEL		4404	FITCH	AUE-36
SEX CI	6. RACE		NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months: Doys Hours N
+	W		13 VOI	2-21-9%	7 3	
		OB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	eign country)	12. CITIZEN OF
	of working life, even if retired)	**		Dans	1 1/1	WHAT COUNTRY?
Housewi		Hon	ie	Baltimore Cou		U.S.A.
o PAINERS NA				MOINERS MAIDEN NA		
	Robert E.	Fitch			Ella A. Gr	ammer
5. Was Decease	ed Ever in U. S. Armed Force	es?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	will yea, give wor or dotes	or service.	215-24-7000	Maurice E. Som	merman lilioli	Fitch Avenue 36
18. / /	- V		CAUSE 0		mot mon 4404	INTERVAL BETWEEN
160	37		CAUSE O	PULAIH		ONSET AND DEAT
DISE	ASE OR CONDITION DIRE LEADING TO DEATH	CTLY		7		
/This does	nat mean the made of	duine on	(A)	0000		
	e, asthenia, etc. It means (DUE TO			
	amplication which caused					
	ANTECEDENT CAUSES		(8)			
DISEASES	OR CONDITIONS, if a	ny, giving	DOE 10			
rise to t	the abave cause (A)		(C)		===000000===0000==00===================	
UNDERLYIN	NG CONDITION last.					
	II					
	NIFICANT CONDITIONS CO DEATH BUT NOT RELAT					
DISEASE O	R CONDITION CAUSING IT.					
19A. DATE C	OF OPERATION 198, COND		VHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE	FINDINGS CONSIDERED
						10323 01 027
U 21A. ACCID	ENT WAS UNDERLYING BUTING CAUSE OF			fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
DEATH (noti	ify medical examiner	etc.)		Jugi, INJOKI OCCOR:		
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F, HOW DID IN.	IURY OCCUP?	
OF INJURY			le At Not Whil		CAL OCCUR:	
(APPROX.)		Wor				
22. I certif	y that (1) (this hospital)	ottended th	ne deceased from	6-17	196.7to	6 - 27 196
	e) lost sow the deceased		/	1	1	inion deoth occurred on th
			· ·			illion death accurred on th
		d obove. (I)(We) (did) (did not) v	iew the body ofter death.		
23A. SIGNAT	URE					23 B. DATE SIGNED
15-6	2 she	-	M.D. Atte	ending Med. Director	Stoff Phys.	6/27/6
23C. PHYSIC	IANS		V .	23D. ADDRESS	. / \	1 - 1 - 1
NAME	(Typel*		M.D.			
AA. BURIAL CR		24C. N.A	ME of CEMETERY of CRI	MATORY 24D. I	LOCATION	City, town, or county) (Si
Buria		67 Far	kwood Cemeter	by Ba	ltimore	Md.
				25C. FUNERAL DIRECTO		ADDRESS
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B/	LTIMORE CITY HEALTH	H DEPARTMENT		67 6213
BIRTH NO. M.E. CASE NO. 67. 6213 C	ERTIFICATE C	F DEATH	Registered No	01, 0210
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Type of Print PAUL C. WINTER		6/25	67	3.5
. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USU.		e deceased lived. If ins	titution: residence before adm
FULL NAME OF (If not in hospital or institution, give stee	***	RYLAND	**	
HOSPITAL OR oddiess or location)			side city limits, write RI	URAL and give township)
INSTITUTION	BA	LTIMORE		25-
LUTHERAW HOSPITAL OF MAR	YLBND D. STRE	ET ADDRESS (If	rurol, give location)	
		os Deso	TO ROAD.	#21230
SEX 6. RACE 7. MARRIED, NEVERO WIDOWED, DIVOR	AARRIED B. DATE	OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 2 Months; Doys Hours
M WIDOWED, DIVOR	DED (specify)	3/3/07	lost birthdoy)	Months Doys Houis
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINES		HPLACE (State or forei	gn country)	12, CITIZEN OF
lone during most of working life, even if retired)	h	BRYLAND		WHAT COUNTRY?
Torrel Pr. Darry Retired				U-S.A.
3. FATHER'S NAME	14. MO	THER'S MAIDEN NA	ΛE	
Christian Winter		Margaret		
5. Was Deceased Ever in U. S. Armed Forces? 16. SOC	AL 17. INFO	Margaret	DeSot	ADDRESS
	Λ.	VENA . /	805 Desot	BHN ROAD
No 216-	32-9352 //L			INTERVAL BETWEE
		•		ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	42			
(This does not meon the mode of dying, e.g.,	(A) CEKET	SKO VASC	ULA ACCIDEN	77
heart foilure, osthenio, etc. Il means the disease,	561 10			
injury or complication which caused death.)	HUDER	TS	000000000	
ANTECEDENT CAUSES	DUE TO	15 4 2106	BRIERIOSCLE	: <i>14</i> 0
DISEASES OR CONDITIONS, if ony, giving				
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.			colar dise	1356.
	DIAG	BETES ME	LLITUS.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH C	PERATION 20A.	AUTOPSY? (Yes of No	20B. IF YES. WERE FI	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH C			IN CERTIFYING CAU	ISES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE C	OF INJURY (e.g., in or obou	121C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF home, form,	foctory, street, office bldg.	INJURY OCCUR?		,, ,
<u>U</u>				
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY		21F. HOW DID INJ	URY OCCUR?	
(APPROX.) While At	Not While			
22. I certify that (1) (this hospita) attended the deced		123 1	962 10	6/25 196
		1		, -
that (I) (we) last sow the deceased alive on6_			ot in(my) (our) opin	ian death accurred an th
ond haur and fram the causes stoted obave. (1) (We) (lid (did not) view the	body after deoth.		
23A. SIGNATURE				23B, DATE SIGNED
1. Biswanal Dellan	M.D. Attending Phys.	Med. Director	Stoff Phys.	6/25/67
23C.PHYSICIAN'S	23D. ADD			
V. BISWANATH PILLI	1 M.D. 73	O ASHBU	RTON ST	REET.
V. 1310 tt				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of C	EMETERY OF CREMATORY	24D, L	OCATION (City	y, town, or county) (5
Burial 6/28/67 Meadow	Ridge Memoria	1 Pk.	Baltimore, Ma	aryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIST	RAR 25C.	FUNERAL DIRECTOR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADDRESS
JUN 28 1967 (12 2 5 2 4	Children H	ward H. Hul	bard 4107	Wilkens Ave. 2
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IMPORTANT

DIRECTOR:

FUNERAL

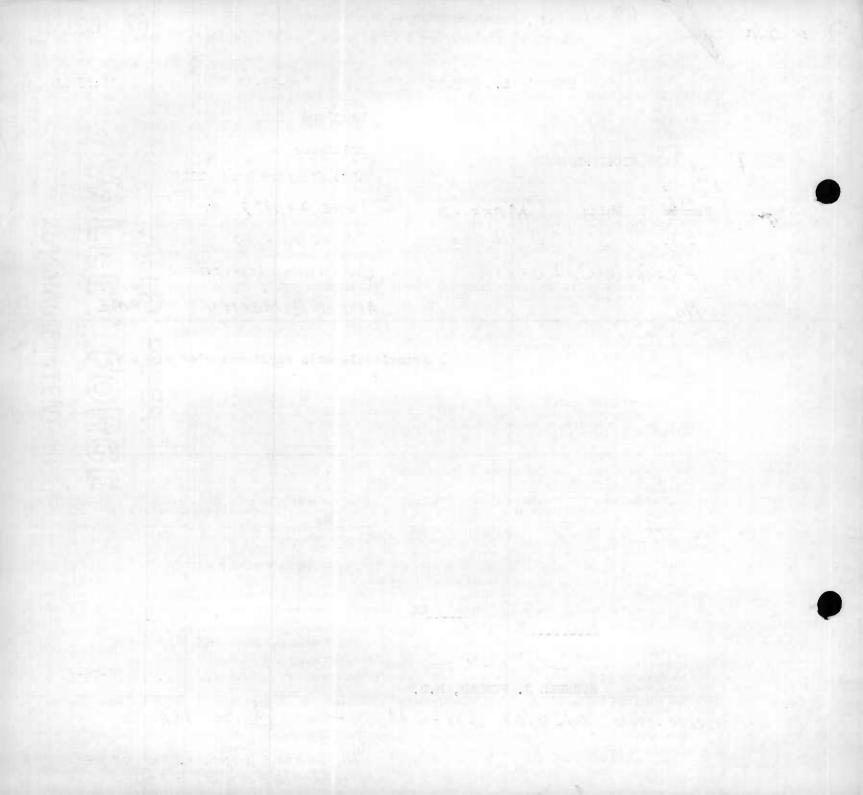
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M 63 5 BALTIMORE CITY HEALTH DEPARTMENT 67, 6215 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 6215

M.E. CASE NO.		
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED	
MARTHA . MORTON	6-26-67	12:55 AM M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institute A. STATE	tion: residence befare admissian TY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland	
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If autside corporate limits, write R	URAL and give township)
	Baltimore	15-01
4204 WICKFORD ROAD	D. STREET ADDRESS (If rurol, give location)	
	4204 Wickford Road 21210	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
Female White Whowed, Divorced (specify)	JUNE 22,1887 80	Manths Days Haurs Min.
DA. USUAL OCCUPATION (Give kind of work 108) KIND OF BUSINESS OR INDUST		12. CITIZEN OF
done during most of working life, even if retired)	110000000	WHAT COUNTRY?
HOUSEWIFE HOME	14. MOTHER'S MAIDEN NAME	
Far C Lastin	0	
FRANKLIM C. LOFLIM		
5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or junknown (If yes, give war or dotes of service) 16. SOCIAL SECURITY NO.		ADDRESS
No	ALFRED B. MORTON	SAME
	SE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
ANTECEPENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
₹ 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.	NO , in or obout 21C. WHERE DID (If in Boltimore City, give	avest (eastion)
UNDERLYING □OR CONTRIB- home, form, factory, street,	affice bldg., INJURY OCCUR?	exoct locolion)
UTING CAUSE OF DEATH.		
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT NOT	WHILE WORK	
22.		
I certify that I held an Inquiry Inspection XX A	utapsy and that an this basis, death in my	aplnian
resulted fram: Natural causes X Accident Suici	de Hamicide Undetermined manner	
12-11	CHIEF MEDICAL EXAMINER XX	DATE SIGNED
SIGNATURE M.	D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	6-26-67
NAME (Type) RUSSELL S. FISHER, M.D.		
23A. BURIAL CREMATION, 238. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, to	own, or county) (State)
CREMATION 6/26/67 GREEN N	TOUNT BALTO, MO	
CREMATION 0/20/01 GREEN 19 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
4 49 4		1
JUN 28 1967 Relate E. Farley MI	MILLIE XX VOIL III	O HOME
VS 151-REV. 1/1/65	6500 YORK 120, 21	212



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FUNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner or his assistant if death occurred in a hospital and o the hospital by a medical examiner. Also, if the direct or contributing cause of death i any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the); and (6) No physician was in regular attendance on the eobtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, sand (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

NAME OF DE	ElizABETH O	WASIE	ASIEWSKI	6/2	AND HOUR OF DEATH	5.130 A.
FULL NAME HOSPITAL OF INSTITUTION		or institution, n)		A. STATE B. COU Maryland C. CITY OR TOWN (IF C	NTY	RURAL and give township)
S. SEX	6. RACE		, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Manths Doys Hours Mir
	CUPATION (Give kind of warl of working life, even if retired)	k 10B, KIND O		11/16/16 RY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	PRESSER	Shir	t Mfg.	Md.		Amen.
3. FATHERS NA	IN Auffa	John A	Auffarth	Mane S	Mary Z	
5. Was Decease	ed Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_	- yes, give war ar date	36141667		Mr Adam T Wa	ei oweki 2	20 S.Chapel St.
18.	-/.01			OF DEATH	BI CWBRI , Z	INTERVAL BETWEEN
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	LEADING TO DEATH		(A) «	SEPTIR PENIN	ルバカゴ	48 hrs
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orther Signature of the Control of t	OR CONDITIONS, if the above cause (A) NG CONDITION lost. II NIFICANT CONDITIONS CONDITIONS CONDITION CAUSING CONDITION CAUSING PROPERTION 198. CON WAS PER (CONDITION CAUSING CAUSE OF (Manth) (Day) (Year) (Manth) (Day) (Year) If this hospital causes start the causes start causes c	CONTRIBUTINATED TO THE STATE OF	WHICH OPERATION AND CIRCLES S. PRACE OF INJURY (e.g., ne, form, foctory, street, ne) INJURY OCCURRED At Wather deceased from M.D. Application of CEMETERY of C	20A. AUTOPSY? (Yes or in the control of the control	Old 20B. IF YES, WERING COMMENT OF THE PROPERTY OF THE PROPERT	DIRECTION OF DEATH? DIRECTION OF CITY, give exact location) 1967 Dinion death occurred an the 238, DATE SIGNED 6/6/67 City, town, or county) (State
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A.E. CASE NO. NAME OF DECEASED Type or Print)	Margaret	Madeli	CERTIFICA ne DAWSON		HOUR OF DEATH	
PLACE OF DEATH IN BAL	TIMORE MARY	ZXXXXXX	PAWSON	HA HSHAL PESIDENCE (Who	o/26/6	institution: residence before odmis
. FLACE OF DEATH IN BAL	TIMORE MARI	LAND		A. STATE B. COUN	TY	Institution. Tesidence before outlins
	ot in hospital or	institution, giv	e street	Maryland		44
OSPITAL OR address ar locotion) NSTITUTION				Baltimore		RURAL and give tawnship)
Franki C	Franklin Square Hospital				rurol, give location)	2000
Trancella of	gurre 1	1761/1/	7	D. STREET ADDRESS (If	219	2/225
. SEX 6. RACE	7.	MARRIED N	EVER MARRIED		9. AGE (In years	
F W	/		DIVORCED (specify)		lost birthday)	If Under 1 Yr. If Under 24 Manths Days Hours Mi
A. USUAL OCCUPATION (GI	ive kind of work 10	OB. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		12. CITIZEN OF
one during most of working life, e						WHAT COUNTRY?
House wife				Baltimore,		4.5.
FATHERS NAME		Neal		14. MOTHER'S MAIDEN NA		
HARRY B	S. XXXXX	CXXXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CXXXXXXXXX	Kathryn Frailer
. Was Deceased Ever in U. es, no or unknown) (If yes, giv	S. Armed Forces	of service	6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No No	- Hot of doles		212-01-5307	rudical .	Kut	
18. 4. 4. 2 X	1		CAUSE O		. 401	INTERVAL BETWEEN
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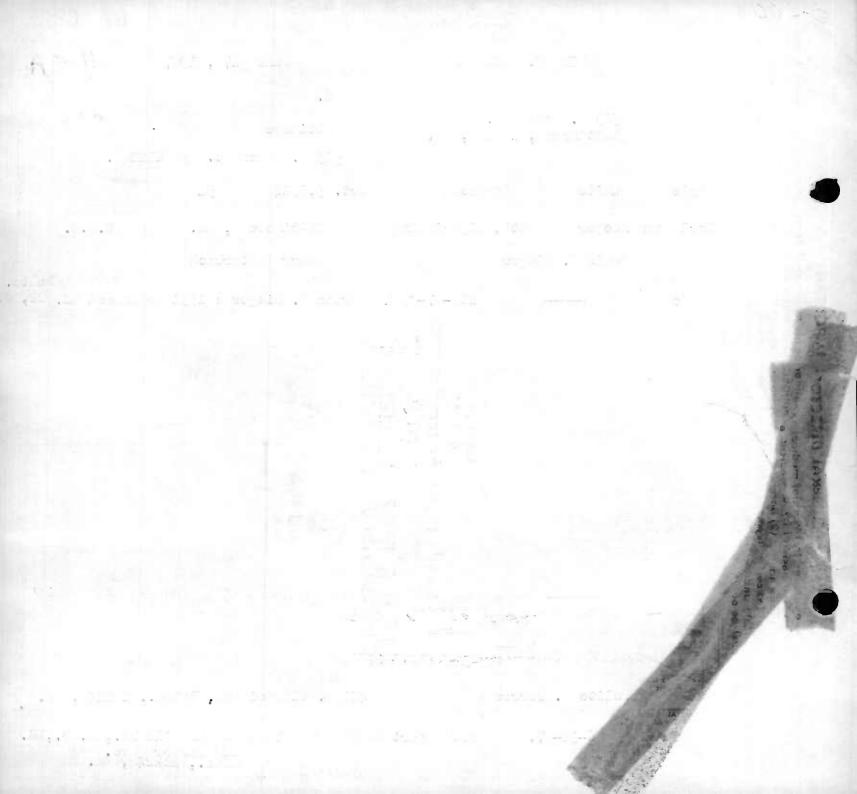


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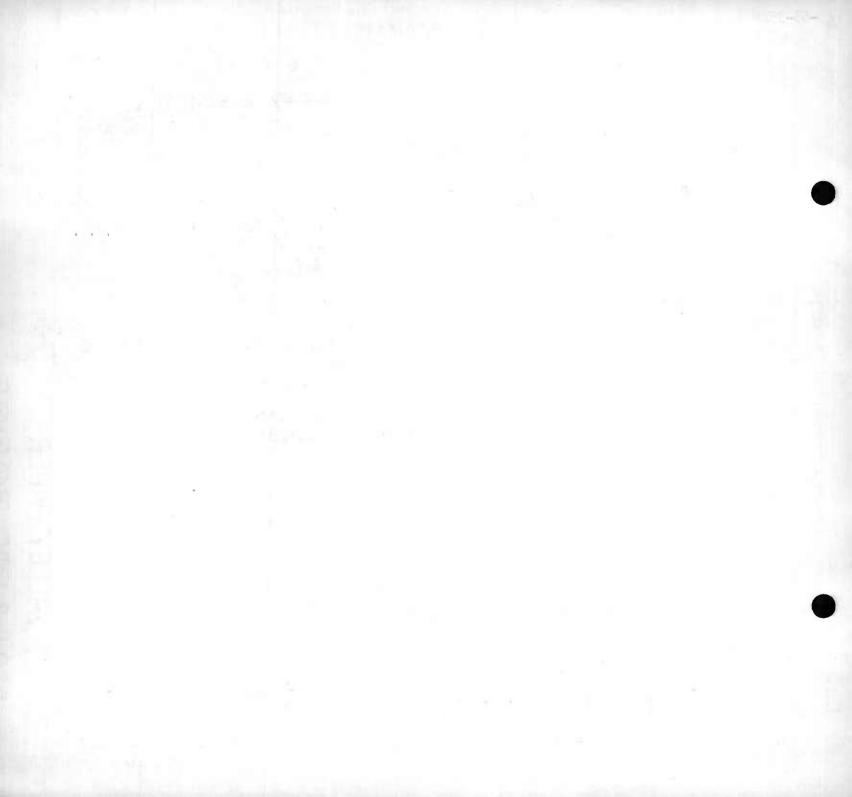
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VS 150-REV. 1/1/65



24C. FUNERAL DIRECTOR

ADDRESS

24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

248, NAME OF REGISTRAR

EP81-86-11 OF DRIVER

General JATINOSH BUNGALINT WINTER

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Type or Print)	Constan	nce Cre	eque	2. DATE	e 26, 1967	12:50
PLACE OF DE	ATH IN BALTIMORE, MA		944	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If	institution: residence before odmis
FULL NAME		or institution,	give street	Maryland	-/	15-04
HOSPITAL OR	oddress or location	n)		C. CITY OR TOWN (If		RURAL ond give township)
9	1514 Divi		ital, Inc.	Baltimore, D. STREET ADDRESS	(If rurol, give location)	
	Baltimore			1939 Ridge	hill Avenue	
. SEX	6. RACE	7. MARRIED	D, NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost_bidhdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
Female	Negro	Mai	rrled	11-15-28	30 yrs.	
OA, USUAL OCC one during most of	CUPATION (Give kind of work f working life, even if retired)	(New	York)	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
		Kircs	sh Beverages	Maryland		U. S. A.
3. FATHER'S NA		_ /		14. MOTHER'S MAIDEN N		
	2hren Coo	/			Ringgold	
5. Was Decease (es, no or unknow	d Ever in U. S. Armed For	ces? s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
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18. 33	OXI		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
			17/	Cerchiaf		
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John Ringeld Then Pople Interior that the State of the Same

	25 CERTIFICA	ATE OF DEATH	Registered Na.	6/ 6225
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) JOHN SON HEN	IRY L.	6-2	HOUR OF DEATH	1948m
3. PLACE OF DEATH IN BALTIMORE, MARYLAN FULL NAME OF (If not in hospital or inst oddress or locotion)	ID	4. USUAL RESIDENCE (Where A. STATE B. COUN MARYLAN C. CITY OR TOWN (If out:	D	stitution: residence before or
BON SECOURS	HOSPITAL	BALTIMOR D. STREET ADDRESS (IF		
	ARRIED, NEVER MARRIED (IDOWED, DIVORCED (Specify)	B. DATE OF BIRTH	ost birthday)	If Under 1 Yr. If Under Months Doys Hours
done during most of working life, even if refired) IN SPECTOR HO	IL-TITE MANUF.	a GEORGIA		12. CITIZEN OF WHAT COUNTRY?
OSCAR JOHNSO	N	14. MOTHER'S MAIDEN NAM MERRI		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of s	ervice) SECURITY NO.	Mezella	Tolinson	2018W/Jayes
DISEASE OR CONDITION DIRECTL' LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. Il means the dinjury or camplication which caused death ANTECEDENT CAUSES		Cardiae arresto Lufaretion	I due	
DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis UNDERLYING CONDITION last.				
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	giving ng lhe (C) IBUTING TO THE N FOR WHICH OPERATION		20B. IF YES, WERE	FINDINGS CONSIDERED
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DISEASES OR CONDITIONS, if any, rise la the abave cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 179A.DATE OF OPERATION 198. CONDITION WAS PERFORME WAS PERFORME OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hot OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attent that (I) (we) last sow the deceased olioned hour and from the causes stated at 123A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) LUNG KOCK 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	giving ng lhe (C) IBUTING TO THE N FOR WHICH OPERATION ED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 218. INJURY OCCURRED While At Not W Work At Wo Product the deceased from the cover of	20A. AUTOPSY? (Yes or No. NO. In or about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	208. IF YES, WERE IN CERTIFYING CA (If in Boltimon URY OCCUR? 9	FINDINGS CONSIDERED USES OF DEATH? e City, give exoct locotion) 19 nion deoth occurred on 23B. DATE SIGNED 6-26-67

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BALTIMORE CITY HEALTH DEPARTMENT 6226 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N.67 6226 M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print)
JOHN MICOLOWSKI June 27, 1967 10:00 AM. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence befare admission)
A, STATE
B, COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If autside carparate limits, write RURAL and give township) INSTITUTION Baltimore Near 1300 Block E. Clement Street D. STREET ADDRESS (Il rural, give lacation) 1402 Haubert Street 9. AGE (In years last birthday) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr, If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months, Days, Hours, Min. Never Married White 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF dane during most of working life, even if retired) WHAT COUNTRY? Maryland None 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Micolowski John Katherine Peterson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS (Yes, na ar unknown), (If yes, give war ar dates of service) SECURITY NO. John T. Micolowski 1402 Haubert St. No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Suffocation by plastic bag pulled (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) XXXXXX over face ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C). O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIF DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimare City, give exact lacation) hame, farm, factory, street, affice bldg., INJURY OCCUR? UTING CAUSE OF DEATH. etc.) Near 1300 Block E. Clement Street street 21 D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Day) (Year) (Hour) OF INJURY 67 UNK WHILE AT NOT WHILE June 26. (APPROX.) Suffocation while sniffing glue m. WORK Autopsy X ond that on this bosis, deoth in my opinion I certify that I held on Inquiry Inspection Accident XX Suicide Homicide Undetermined monner resulted from: Notural couses CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE 6/26/67 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Werner U. Spitz! .D

23C. NAME OF CEMETERY OF CREMATORY

24B, NAME OF REGISTRAR

Holy Cross Cemetery

23 D. LOCATION

E.

(City, tawn, ar caunty)

Baltimore, Maryland

Charles L. Stevens Funeral Home, Inc.

Fort Avenue

(State)

NAME (Type)

23A, BURIAL CREMATION.

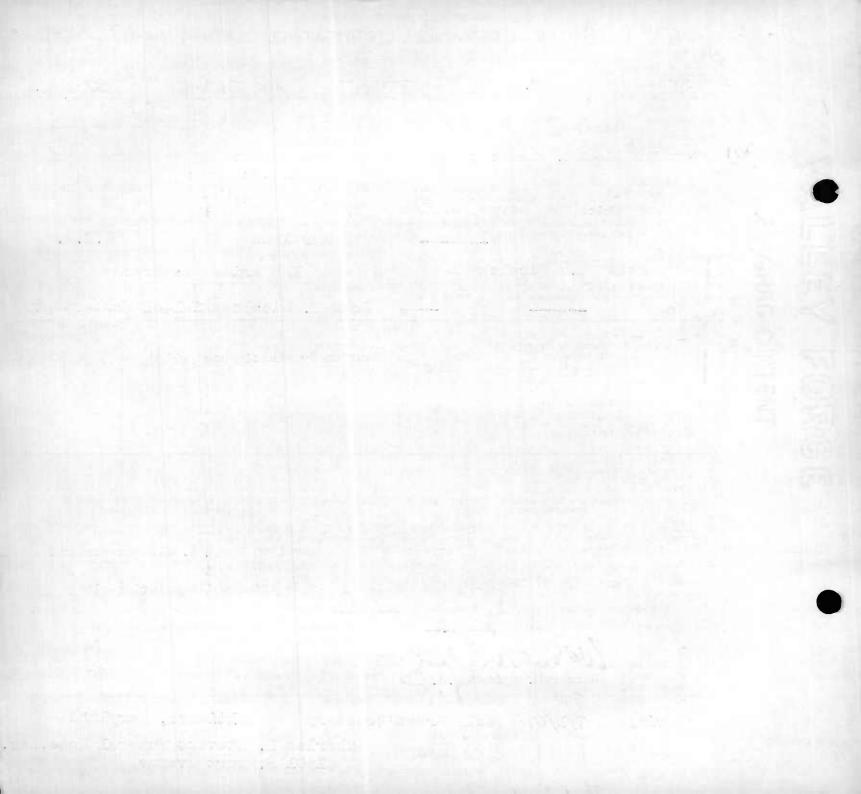
Burial 7/
24A. DATE REC'D BY HEALTH DEPT.

JUN 28

REMOVAL (Specily)

VS 151-REV. 1/1/65

23B. DATE



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) 6 - 25 - 675:10 PM EDWARD HORN 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Maryland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Baltimore CHURCH HOME AND HOSPITAL D. STREET ADDRESS (If rural, give location) 5 S. Chester Street 21231 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min. WIDO WED, DIVORCED (specify) White 10/8/17 Ma.le XXX 49 Married 10A. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 2. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? North Carolina
14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME Wilmar Horn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? MXX Anna McCormick 16. SO CIAL 17. INFORMANT ADDRESS (Yes, no or unknown), (If yes, give wor or dates of service) SECURITY NO. 7 UNKNOWN Prevatt Funeral Home Fairmont, N.C. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) RXEXTO ANTECEDENT CAUSES with acute myocardial infarction DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. **FICATION** OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes of No.) 20 B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 21 A. EXTERNAL CAUSE WAS

21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimare City, give exoct location) home, form, foctory, street, office bldg., NJURY OCCUR? UTING CAUSE OF DEATH. 21D TIME (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE m. WORK InspectionXX Autapsy I certify that I held an Inquiry and that an this basis, death in my apinian resulted fram: Natural causes XX Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER X DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 6-26-67 EXAMINER'S ASSOCIATE MEDICAL EXAMINER RUSSELL S. FISHER, M.D. NAME (Type) 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) REMOVAL (Specify) 6/28/67 Horn Family Cemetery Robeson Co, N.C. Burial

24C. FUNERAL DIRECTOR

Cook-Brooks Inc. Baltim

248 NAME OF REGISTRAR

(Stot

ADD

22.

24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

M.E.	CASE NO.	28 CERTIFICA		A.	67 6228
	ME OF DECEASED		2. DATE	AND HOUR OF DEATH	XR.
3. PL	FRANCES B. DAVIS		4. USUAL RESIDENCE (W A. STATE B. COM	Vere deceased lived, If insti	itution: residence before admission
FU	JLL NAME OF (If not in hospital or institution	in, give street	MARYLAND	3411	
_ H	OSPITAL OR address or tocotion) STITUTION	y give one.	C. CITY OR TOWN (IF	outside city limits, write RU	IRAL and give township)
A.		_	BALTIMORE D. STREET ADDRESS	(If rurol, give location)	11-01
1	APT. 4B PRESTON APTS	5.			
5. SE	EMALE 6. RACE CAUCASIAN 7. MARRI WIDON	ED, NEVER MARRIED	B. DATE OF BIRTH	PESTON APTS	PRESTON & GUILFOR If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours; Min.
			7/25/1890	lost birthdoys	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B. KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
00110	Housewife		Ft. Clarke, To	exas	U.S.A.
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	MALVERIN H. BARNUM		MARTHA Mc	GUINESS	
	as Deceased Ever in U.S. Armed Forces? no or unknown) (If yes, give wor or dotes of servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS N. J
1	10	216-46-4147		Davis 18 Manor	Hill Rd. Summit
1	B. 4-2211	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	4	enereles	I ertera	o- 4/20
	(This does not mean the mode at dying, e heart failure, asthenia, etc. It means the disea injury or complication which caused death.)	.g., DUE TO	enereliza	CV diseas	re /ees
	ANTECEDENT CAUSES	(B)	***************************************		
z	DISEASES OR CONDITIONS, if any, giving the state of the s	ng he (C)			
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	9A.DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE FILE	NDINGS CONSIDERED SES OF DEATH?
_ (OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY(e.g., in home, form, foctory, street, of etc.)	or about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Baltimore	City, give exoct locotion)
0	TD. TIME (Month) (Doy) (Year) (Hour)	TE INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
2	APPROVI	While At Not Whill Work At Work			
2	2. I certify that (I) (t his hospita l) attende	d the deceased from	July	1965 to 6	-26 1967
	hot (I) (we) last sow the deceased alive o and hour and from the couses stated above	-			on deoth occurred on the do
	3A. SIGNATURE DL 7				23B, DATE SIGNED
	17 Com	And M.D. Atte	ending Med. Director	Stoff Phys.	6-28-67
3	SC.PHYSICIAN'S NAME (Type) GUNDRY, RIC	hard K., M.D.	23D. ADDRESS 2 West Univ	versity Park	way, 21218
24A.	BURIAL CREMATION, 248. DATE 24C	NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (City,	, tawn, ar county) (Ster
bı	urial 6/29/67	Baltimore Natio	ona1 Ra	altimore, Md.	
	DATE LECU AY HEALTH DEPT. 258 NAM	E OF REGISTRAR	25C. FUNERAL DIRECT		7 S+
			III. COOK-DI	ooko, IIIC. IZI	



BIRTH NO.	0000		HEALTH DEPARTMENT	Registered No.	67 622
M.E. CASE NO.	61 666	CERTIFICAT	, IZ DATE	AND HOUR OF DEATH	
(Type or Print)	Rosalee Bacote	(AKA ROSA	lie) J	une 23, 196	7 11:4
. PLACE OF DEATH IN BAL	TIMORE, MARYLAND			here deceased lived. If i	nstitution: residence befare odm
FULL NAME OF (If no	ot in hospital or institution, gr	ve street	Maryland		
HOSPITAL OR addre	covident Hospi	al	C. CITY OR TOWN (IF	outside city limits, write	RURAL ond give township)
	514 Division S	mont	Baltimore D. STREET ADDRESS	If rurol, give lacation)	160
Ва	altimore, Mary	land 21217	1613 Rigg		
5. SEX 6. RACE			DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 2
Female Ne	egro Widow	Ved (specify)	6-26-1916	lost birthdoy) 51	Months Doys Hours
16A. USUAL OCCUPATION (Gi	ive kind of work 10B, KIND OF	USINESS OR INDUSTRY 1	1. BIRTHPLACE (State or fo	reign Country)	12. CITIZEN OF WHAT COUNTRY?
Laundry work	· I	ire Laundry	North Car	olina	U. S. A.
13. FATHERS NAME	1)1		4. MOTHER'S MAIDEN N	AME 4	00
Unknown /	Cohert Mor	noson	Uhlanolin &	Jallie V	rehl
15. Was Deceased Ever in U. (Yes, no or unknown) (If yes, giv	S. Armed Forces?	SECURITY NO	7. INFORMANT		ADDRESS
			Ernest Miles-	friend	same
18. 443 X	1	CAUSE OF			INTERVAL BETWEE
	NOTION DIRECTLY				ONSET AND DEA
	TO DEATH the mode of dying, e.g.,	(A) Hear	rt Arrest		
	etc. It meons the diseose,				
	NT CAUSES	(B) Hemo	rrhagic Card	iovascular	
DISEASES OR CONDI	ITIONS, if any, giving	DUE TACCI			
rise la lhe obove UNDERLYING CONDITI	cause (A) stating the ION last.	(c) Hype	rtension		• = • • • • • • • • • • • • • • • • • •
	11				
OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING				
DISEASE OR CONDITION		HICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES WEDE	FINDINGS CONSIDERED
19A. DATE OF OPERATION	WAS PERFORMED	wr marry (1901)	no	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
	NDERLYING 21B, F	LACE OF INJURY (e.g., in of form, foctory, street, offic		(If in Boltimo	re City, give exact location)
DEATH (notify medical ex	cominer)	ionit, locioly, sneet, offic	Juga, into ki o cook:		
		NJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	-
(APPROX)	While Work	Not While At Work			
22. I certify that (1) (1	his haspitol) ottended the		June 23,	1967 ta	June 23, 19
that (I) (we) last saw	the deceased alive on	June 23,	19 67 ond	that in (my) (our) op	inion death occurred on t
and hour and from the	couses stated above. (1)	(We) (did) (did not) vie	w the body ofter deot	٦.	
23A. SIGNATURE	ila				23B, DATE SIGNED
	Marazo		Director	Stoff Phys.	June 24, 196
23C. PHYSICIAN'S NAME (Type)			D. ADDRESS		
	zarazo				timore, Maryla
REMOVAL (Specify)	24B. DATE 24C.NA	ME of CEMETERY OF CREM	AATORY - 24D.	LOCATION	ity, town, or county)
Durial	6/28/67 110	Muhum	Cernilery Z	rallynn	
SA. DATE RECIDES HEALE	HYDERT 258. NAME OF	REGISTRAR	25G FUNERAL DIRECT	E. Kupala	2221
THE REST OF THE STATE OF THE ST	A CHARLEST AND A	No. of the last of	TOWN OF THE	100000	

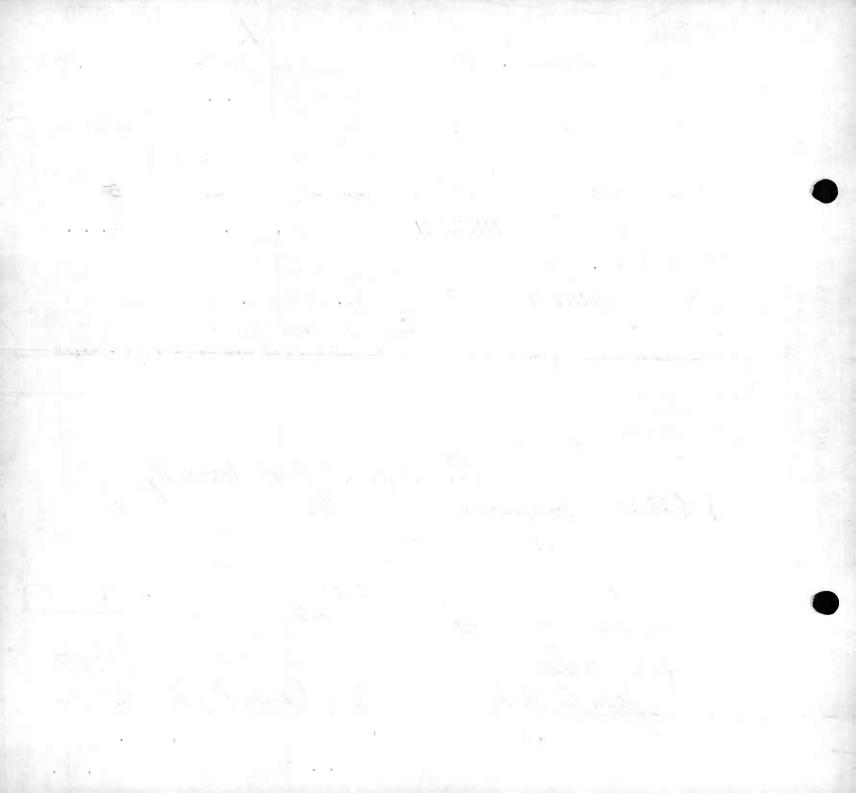
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DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65



				BALTIMORE CITY	HEALTH DEPARTMENT		0004
BIRTH I		67	623	CERTIFICA	TE OF DEATH	Registered No.	6/ 0601
1. NAM	ASE NO.)			2. DATE AN	D HOUR OF DEATH	
(Type o	Print) Lero	oy Pic	Kerel	(LEROY PICKE	RELY June	e 27th 1	1967 1.30 A. M
3. PLA	CE OF DEATH I	N BALTIMORE, MA	RYLAND			e deceased lived. If in	stitution: residence before admission)
				saltimore	Md		
HOS	L NAME OF	(If not in hospital oddiess or location	or institution, n)	give street		side city limits, write f	RURAL and give townships
INST	TITUTION				12 11		27-16
4)					D. STREET ADDRESS (III	rurol, give location)	000
0					4525 Ha	mer Av	Ł.
5. SEX	6. RA	CE	7. MARRIED.	NEVER MARRIED	1000 770	9. AGE (In yeors	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
	M	11/		D, DIVORCED (specify)	5/1/12	lost birthdoy)	Months Doys Hours Min.
(A) 115	LIAL OCCUPATI	ON (Give kind of work	108 KIND OF	Married	11, BIRTHPLACE (State ar forei	54	12. CITIZEN OF
		g life, even if retired)					WHAT COUNTRY?
	Self-empl	.oyed	Pest Ex	termination	Canton, Ohio)	
13 . FA1	THER'S NAME				14. MOTHER'S MAIDEN NAM	ME	
		Unknown			Unkn	nown	
15. Wes	s Deceased Ever	in U. S. Armed Far	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no	or unknown) (If y	es, give wor or dote	s of service)	SECURITY NO.	Haan Baa		
	Yes	W # 2		279-05-4540	Hosp. Rec.		
18.	4-201	141-26	OX	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		CONDITION DI	RECTLY	Λ	1 11 1	171	1 1000
(1)		DING TO DEATH ean the made of	duine en	(A) He	ute Myocardi	al Lufarci	Tiole / WEEK
he	earl failure, asthe	nio, etc. Il means	the disease,	20110			
in	jury or complica	lian which caused	death.)	1	SCVD		Unknown
	ANTE	CEDENT CAUSES		(B)			0474860-1
		ONDITIONS, if					
	se to the ob	ANDITION lost	stating the	(C)	0==00=00====000=====000===============		
	MOEREIII CO						
z o	THER SIGNIFICAL	II NT CONDITIONS C	ONTRIBILITIN	G	1		
≥ T0	O THE DEATH	BUT NOT RELA	ATED TO TH	E Di	betes Hellitus	Adult to	ino II. K.
V 19/	A. DATE OF OPE	DITION CAUSING I		WHICH OPERATION	20 A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
TIPIC 197		WAS PER	FORMED			IN CERTIFYING CA	USES OF DEATH?
W 21	A. ACCIDENT W	AS UNDERLYING	21 B	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Baltimore	e City, give exact location)
OR	ATH (notify medi	CAUSE OF	hom etc.	ne, form, foctory, street, of	fice bldg., INJURY OCCUR?		,,,
2							
	D. TIME (Mo	nth) (Doy) (Yeor)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
< (A	PPROX.)		Wo	ile At Not While			,
22	. I certify that	(I) (this haspita	l) attended t	he deceased from	6/19	19 67 to 6	127 1967
		sow the decease		6/27	17	/	nion death occurred on the dat
				12 /14 2 / 10 12 / 10 1		at tit(iiiy) (adi) opi	mon death occorred on the da
- 1	. 1	n the causes sta	ted abave. (i) (We) (did) (did nat) v	iew the body after death.		23B, DATE SIGNED
23/	A. SIGNATURE	1 1	$-\beta$	d 40 A40	ading Mad	Stoff For	23B. DATE SIGNED
-	111	Coffee	elu	M.D. Atte	s. Med. Director	Phys.	6/2//67
230	C.PHYSICIAN'S NAME (Type)	1,1	n	, ,	23 D. ADDRESS	11 11	1 0 11
	111	Hiam	Ciek	liuski M.D.	Sinai Fi	lospital	of Baltimere
	URIAL CREMATI		24C. N	AME of CEMETERY OF CRE	MATORY 24D. Le	OCATION (C)	ity, town, or county) (Stote)
R	EMOVAL (Specif	4 1 1-	967 Bal	ltimore Nation	al Cometerry Re	altimore, Md	
254 5	Burial			of registrar			
23M. U	JIN 2.8	1967 120	fre Q	Fr. ange	C. Vanan Sine Clok	4611 Pa	ark Heights Ave.
	POITRO	المال المال	dr ar	Southern An	DI INNIN GEN	מטווע	
VS 150)-REV. 1/1/65						

		HEALTH DEPARTMENT		67 6222
BIRTH NO. 67-12724 0/ 6	232 CERTIFICA	TE OF DEATH	Registered No	UI, UKOK
I. NAME OF DECEASED STE WEN	/		D HOUR OF DEATH	10
(Type or Print)	PRLES PRINC	:1= 6	-23-67	titution: residence before admission
B. PLACE OF DEATH IN BALTIMORE, MARYLANI		4. USUAL RESIDENCE (Where	deceased lived. If ins	tilution: residence before admission
FULL NAME OF (If not in haspitol or instit	tutian, give street	MARYLAN	D	20-05
HOSPITAL OR oddress or location) INSTITUTION	. •	C. CITY OR TOWN III auto	side city limits, write R	URAL ond give township)
P. 10 = 22		BALTIMOI	215	
BON SECOURS HO	OSPITAL		urol, give locotian)	, 0,
• SEX 6. RACE 7. MA	RRIED, NEVER MARRIED		ARISTIAN.	If Illader 1 Yr If Illader 24 Hi
, WIL	DOWED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
OALE WHITE OA. USUAL OCCUPATION (Give kind of work) 10 B. KI	ND OF BUSINESS OR INDUSTRY	6-21-67	an cauntry)	12. CITIZEN OF
ane during mast of working life, even if retired)			,,.	WHAT COUNTRY?
2 PATHERS NAME		14. MOTHER'S MAIDEN NAM	<i>></i>	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
WILLIARD THOMAS	PRINCE	KITA M	AY LEU	115
5. Was Deceased Ever in U. S. Armed Forces? Yes, na ar unknown) (If yes, give wor or dotes of se	rvice) 6. SOCIAL SECURITY NO.	17. INFORMANT	0 1	ADDRESS
		HOSPiTAL 1	Keids	
18. 7 7 6 X 1		DE DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		To wat	1	
(This does not mean the mode of dying,	e.g., DUE TO	J' MUUM MI	CU4	
heart failuse, osthenio, etc. It means the di injury ar camplication which caused death.	sease,		1	
ANTECEDENT CAUSES	(B)		V	
DISEASES OR CONDITIONS, if any,				
rise to the above cause (A) stating UNDERLYING CONDITION lost.	; the (C)			
OTHER SIGNIFICANT CONDITIONS CONTRI				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE			
19A. DATE OF OPERATION 19B. CONDITION		20A. AUTOPSY? (Yes or Na	20B. IF YES, WERE F	INDINGS CONSIDERED
		125	Yes	
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i hame, form, factary, street, o	of obout 21C. WHERE DID INJURY OCCUR?	Itt in Bottimore	City, give exact locotion)
DEATH Inotify medical examiner	etc.)			
21D. TIME Month) Doy) Yeor) Hour		21F. HOW DID INJU	JRY OCCUR?	
A PPROX.)	While At Work Work Not Whi At Work		4.00	1 10 1
22. I certify that (this hospital) atter	nded the deceased from	6 2/ 1	96710	6-23 1967
that ((we) lost sow the deceased aliv	e on	23 19 67 and the	ot in Lary) (our) opin	nian deoth occurred on the d
ond hour and fram the couses stated abo	ove. (H (We) (did) (did not)	view the body after deoth.		
23A, SIGNATURE	0 1 +		11	23B, DATE SIGNED
alleine a.	Thele Mars Att	ending Med. Director	Stoff Phys. 2	6-23-67
23C. PHYSICIAN'S NAME I Type		23D. ADDRESS	1	9/-
A FILLE	A WELLINA	N BOL	RNORAS	ARZP.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION ICH	y, tower or county) (Stote)
REMOVAL ISpecify) 6/27/67	Book hot.	rel Can	Bach	hid -
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF TEGISTRAR	25C. FUNERAL DIRECTOR	11 44	ADDRESS
JUN 28 1967 (R.C	Sat E. January	The His	ennes here.	Bagt heel
/S 150~REV, 1/1/65		THE PROPERTY IN	-10114	

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IMPORTANT

DIRECTOR:

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VS 150-REV. 1/1/65

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AN TENN AND A SECOND ASSECTION
BALTIMORE CITY HEALTH DEPARTMENT

Type or Print)	ECEASED			2. DATE AND HOUR PRONOUNCED D	
WILL	IAM G.		MICHALLAS	June 27, 1967	12:45 A.
ULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA Hopkins Hospi	AL OR INSTITUTION)	JTION, GIVE STREET	A. USUAL RESIDENCE (Where deceased lived, If institution 8, COUNTY Maryland C. CITY OR TOWN (If outside corporate limits, write RUR Butting Joppa 21085 D. STREET ADDRESS (If rural, give location)	Harford
				2307 Recketord Rocker	d Road
Male	6. RACE White		NEVER MARRIED DIVORCED (specify)	July 4, 1923. Second	Under 1 Yr. If Under 24 H onths Doys Hours Min
Restura	ant Owner	10B. KIND OI	BUSINESS OR INDUSTRY	West Virginia	CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	George M			14. MOTHER'S MAIDEN NAME Anna Kokinot	
es, no ounknow	SED EVER IN U.S. ARMED	FORCES? s of service)	16. SO CIAL SECURITY NO.	Mrs. Belle Michallas	(Same)
(This daes heart failur injury or co	ASE OR CONDITION DI LEADING TO DEATH not meon the mode of re, osthenio, etc. II meons omplication which caused ANTECEDENT CAUSES OR CONDITIONS, IF A	dying, e.g., the disease. death.)	DUE TO	ple Injuries	
RISE TO THE	HE ABOVE CAUSE (A) ST ING CONDITION LAST. II GNIFICANT CONDITIONS	CONTRIBUTII	DUE 10 (C)		
RISE TO TI UNDERLYI OTHER SIG TO THE DISEASE (19A. DATE O 21A. EXTERN. UNDERLYING UNDERLYING UTING CAI 21D TIME OF INJURY (APPROX.) 22.	HE ABOVE CAUSE (A) STING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING OF OPERATION 19B. CON WAS PERI ALVICAUSE WAS DEATH. (Month) (Doy) (Year June 27 167	CONTRIBUTII LATED TO T SIT. DITION FOR FORMED 21B. home etc. 12:07 2 a. m.	CO NG HE WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, Street TE. INJURY OCCURRED WHILE AT NOT AT W	while X a bank, and turned over	POF DEATH? Yes xoct locotion) Road wayed, went up
RISE TO THE UNDERLY! OTHER SIGNOTION THE DISEASE (DISE	HE ABOVE CAUSE (A) STING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT REPORT CONDITION CAUSING WAS PERIOD TO PERATION (Month) (Day) (Year June 27 '67 ortify that I held an interest of the control of the con	CONTRIBUTION FOR FORMED 21B. home etc.) 12:07 2.mquiry	CO NG HE WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, Street TE. INJURY OCCURRED WHILE AT NOT AT W	Yes in or obout 21C. WHERE DID (If in Boltimore City, give experience bldg., INJURY OCCUR? ROUTE 40 West of Jones 21F. HOW DID INJURY OCCUR? Car start a bank, and turned over Papsy X and that an this basis, death in my appeared to the company of the company o	Road Yes wayed, went up
RISE TO TI UNDERLYI OTHER SIG TO THE DISEASE OF 19A. DATE OF UNDERLYING UNDE	HE ABOVE CAUSE (A) STING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT REPORT CONDITION CAUSING WAS PERIOD TO PERATION (Month) (Day) (Year June 27 '67 ortify that I held an interest of the control of the con	CONTRIBUTII LATED TO TO SIT. DITION FOR FORMED 12:07 12:07 2.m. nquiry er U. S	CO NG HE WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, sheet, Street TE. INJURY OCCURRED WHILE AT NOT AT W Inspection Aut Accident X Suicid	Yes in or obout 21C. WHERE DID (If in Boltimore City, give expenses of Jones Route 40 West of Jones 21F. How DID INJURY OCCUR? Car S' WHILE X a bank, and turned over and that an this basis, death in my age Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY CITY 23D. LOCATION (City, towns)	Por DEATH? Yes Road Wayed, Went up Definion DATE SIGNED 6/26/67 In, or county) Yes Yes Yes

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Dichard 2, Stein, and Inglo. Mr. meth

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

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R-200 B

1. NAME OF DEC		17	DEDGE	(Cammi 7.7)	HOUR PRONOUNC	
MYRTLE	ESTELL IMORE MARYLAND, W		REESE	4. USUAL RESIDENCE (Where of	26, 1967	1:30 P.
FULL NAME OF HOSPITAL OR INSTITUTION		AL OR INSTIT	UTION, GIVE STREET	A. STATE Maryland C. CITY OR TOWN (If outside	B. CO	UNTY
5004	Ardmore Way				21206	0 10
3004	Aldmore way			D. STREET ADDRESS (If rurol, 5004 Ardmore		
5. SEX	6. RACE	7. MARRIED	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr, If Under 24 H
Female	White	WIDOWED,	DIVORCED (specify) Orced	March 20, 1896.	lost birthdoy) 71	Months Doys Hours Mi
done during most of w	PATION (Give kind of working life, even if retired)		in Co.	Y11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM			oo.	14. MOTHER'S MAIDEN NAME		
	Thomas L	. Reese		Elizabeth	Weimer	
	DEVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) No	(If yes, give wor or dote	es of service)	215-05-1526	Mrs. Mae Kane		(Same)
DISEASES (RISE TO TH UN DERLYIN OTHER SIGN TO THE	NTECEDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S IG CONDITION LAST. II HIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTE				
DISEASE OF			WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	OB IF YES, WERE F	
21 A. EXTERNAL UNDERLYING UTING CAU 21 D TIME OF INJURY (APPROX.)	OR CONTRIB-	hometc.)	e, form, foctory, street,	in or obout 21C. WHERE DID (I) office bldg., INJURY OCCUR?		give exoct locotion)
22, 1 cert	ER' Werner	Inquiry	Inspection X Au Accident Sulcid	topsy ond that on this	AMINER	
I TANKIN L	MATION, 23B, DATE		3C. NAME OF CEMETERY	or CREMATORY 23D. LC	CATION (Cit	y, town, or county) (Stote)
	ype)		7			

VS 151-REV. 1/1/65

Name - Valent J. Line. N . . of although the limit herifold ranics affects (II) and a second を表現を表現しません。 1950年 1950

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67 6230 BALTIMORE CIT	Y HEALTH DEPARTMENT	+ 844 A
BIRTH NO. CERTIFICA	ATE OF DEATH X Registered No	27 6228
M.E. CASE NO. 1. NAME OF DECEASED A John L. Edwar	COS 2. DATE AND HOUR OF DEATH	01 0200
(Type or Print) Zawarde, Mr. John L.	6/28/69 4 40	4:10 A.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, II instituti	on: residence before odmission)
FULL NAME OF (If not in hospital or institution, give street	Maryland Baltimore	
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURA)	
35 Church Home and Hespital.	D. STREET ADDRESS (If rurol, give location)	53-00
Church Home & Hospital	2 Todd Ave.	
S. SEX Male 6. RACE White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Mot	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min,
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)		CITIZEN OF WHAT COUNTRY?
Ketivel - Foreman Beth Pehem Steel Co.	South Carolina U	. S. A.
3. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
John Edwarde.	Lucy Adeline. La B	loon
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service)	17 111000000000000	· Hôward, Md.
Yes Army WWI SECURITY NO. 213-07-6630	Edwards, Mrs. John 1	- · 2 Todd Ave.
18. 4 2 0 . / 1 CAUSE (OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A A	
(This does not meon the made of dying, e.g., DUE TO	fall M. I.	
heart foilure, ostherio, etc. It means the disease, injury or complication which coused death.)		
ANTECEDENT CAUSES (B)	are provocale accident Mange	all,
DISEASES OR CONDITIONS, if ony, giving WANTER O	e al- al exteriorelectic can	dravecular dress
rise to the above cause (A) stating the (C)	and the second	
UNDERLYING CONDITION last.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDI	NGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	No IN CERTIFYING CAUSES	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,		, give exact tocation)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not Whi	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Work Not Whi	ile	
22. I certify that (1) (this hospital) attended the deceased fram		2 8 1067
that (I) (we) lost saw the deceased alive on 6-28	1 4 10	donth
ond hour and from the causes stated above. (1) (We) (did) (did not)		death accorred on the date
23A. SIGNATURE		DATE SIGNED
Curyo. An		
23C.PHYSICIAN'S	23 D. ADDRESS	6-28-67
NAME (Type)	CHURCH HOME +	16012.711
M.D. AA. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CE		1703 1-1/AC
REMOVAL (Specify)		(3101e)
Woodbide oeme oc		o. South Carolin
JUN 29 1967 P. F. E. Jacobs	John J. Duda, 7922 Wise Ave	ADDRESS Dundalk Md
JUNES 1301 VICES E. VOLLEUMIN	John C. Duda, 1722 HISE AVE	· Dundark, Mu.

as a filmed This is personal Maryland ----integers has small I ... 43 2 A bhot s to their 5.2 - hartal showed most Lucy Adabina July M. July 5 . I'm it al inches historista by house backer L3/L2/9 in Capala

IMPORTANT

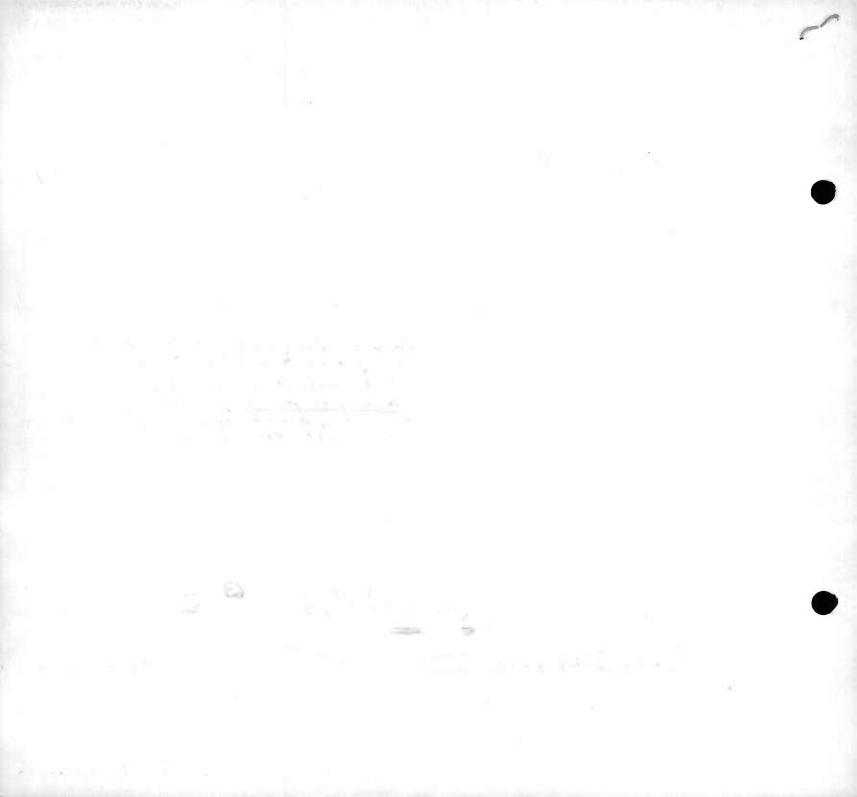
FUNERAL DIRECTOR:



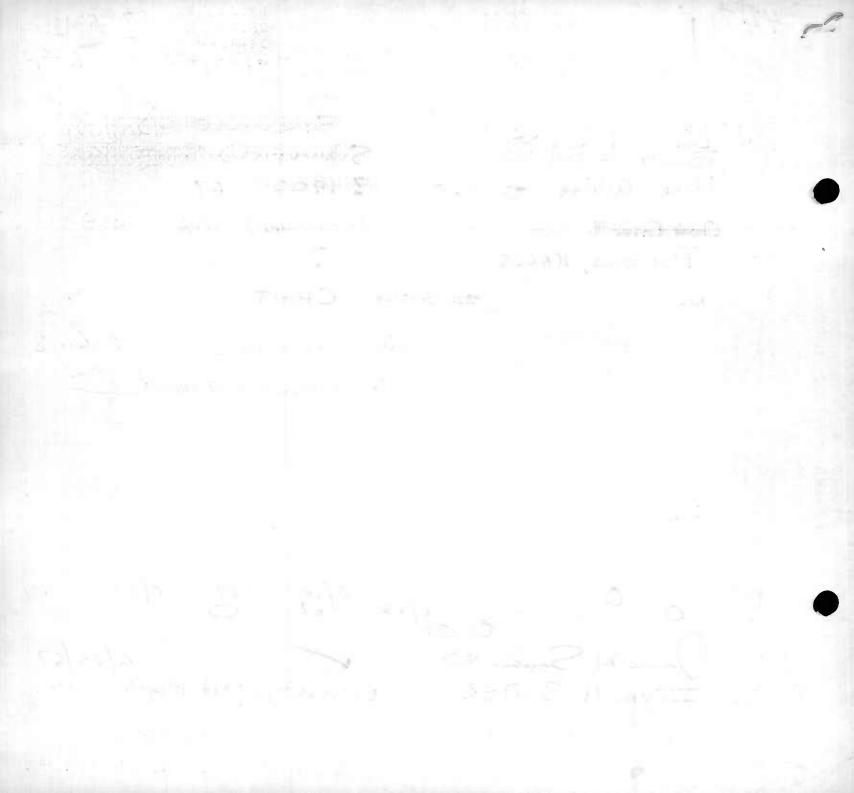
MARCAS NO. LAMMO OF DECEASED Type or Print) JOSEPH KOLMAN S. PLACE OF DEATH IN BALTIMORE, MARVILAND FULL NAME OF (If not in hospitol or institution, give street) Offices or location) BELVEDERE NURSING HOME S. SSIX S. RACE MARVILAD S. SSIX S. RACE MARVILAD MARKED NURSING HOME S. SSIX S. RACE MARVILAD MARVILAD MARKED NURSING HOME S. SSIX S. RACE MARVILAD MARVILAD MARVILAD D. STREET ADDRESS (If word, give location) MARCH 10, 1888 MARC	-	67 6	BALTIMORE CITY	HEALTH DEPARTMENT		67, 624
NAME OF DICCASED		TH NO.	CERTIFICA	TE OF DEATH	Registered Na	01, 024
3. FACE OF DEATH IN BALTIMORE, MARILAND STACE OF DEATH IN BALTIMORE MARILAND FULL NAME OF ILL ORDINARY MARILAND FULL NAME OF ILL ORDINA	1. N	AME OF DECEASED		2. DATE AN	ND HOUR OF DEATH	- A-C
BELVEDERE NURSTNG HOME SELVEDERE NURSTNG HOME SELVED		JOSEPH K	OLMAN	JUNE	24, 1967	195
Control of the power of the color of the power of the power of the color of the power of the p	3. F	TACE OF BEATH IN BALTIMORE, MARTLAND		A. STATE B. COUN	re deceased lived, 11 in: ITY	stitution; residence before
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D. STREET ADDRESS Git rook, give location J. III.	j	NSTITUTION			tside city limits, write R	URAL and give township
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IMPORTANT

FUNERAL DIRECTOR:

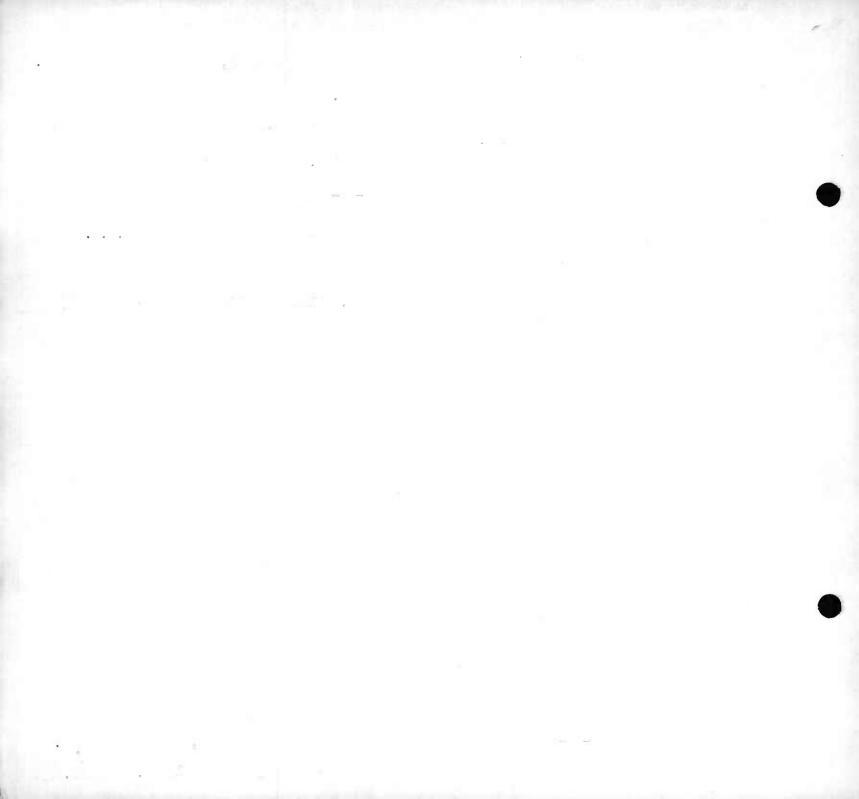


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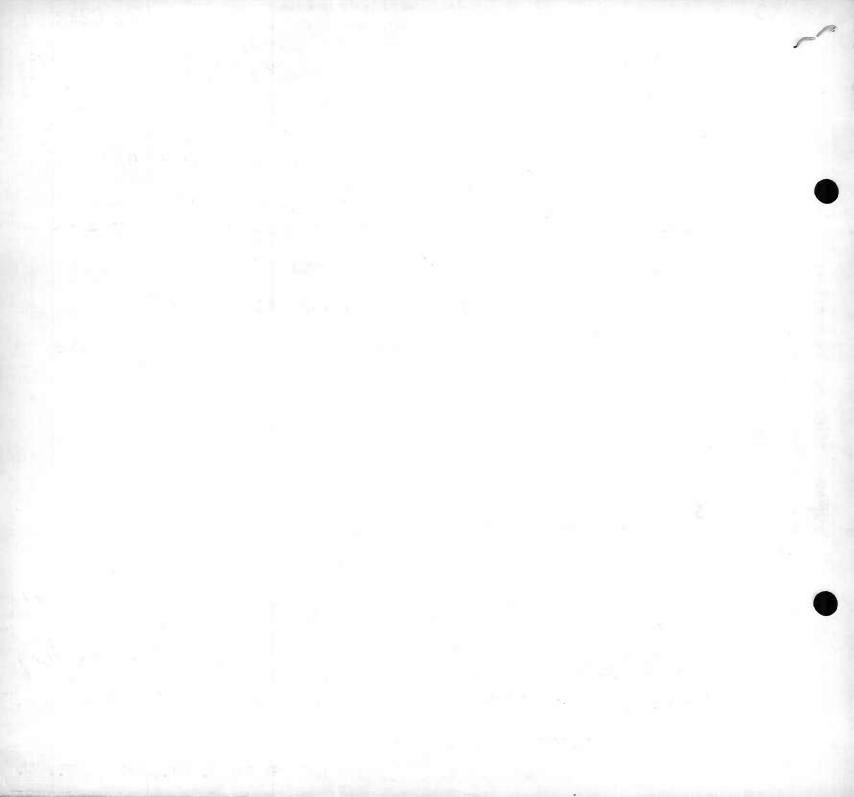
a hospital and

	H NO.	(67 6	242 CERTIFICA	TE OF DEATH	Registered No	67 6242
1. N	AME OF DEC					D HOUR OF DEATH	-
(Тур	e or Print)	Anna Marie 1	Durkin		June	27, 1967	1 (2) 3,
3. P		TH IN BALTIMORE, A			4. USUAL RESIDENCE (When	e deceased lived, ff in	stitution: residence before odmission)
					A. STATE B. COUN	TY	
	ULL NAME O			n, give street	Md.	E.	13-03
	NSTITUTION	oddress or loco	tion)		C. CITY OR TOWN (If out	side city limits, write R	RURAL ond give township)
					Baltimore		
-	00	3 West Barr	per Stre	eet.	D. STREET ADDRESS (If	rurol, give location)	
(00	J MODO Dall	120%		2 Word Person	C1	
	- Tu	1/ 54.05	7	D MENTER MARRIED		ey Street	THE HOLD THE STATE OF THE
5. S	EX	6. RACE		ED, NEVER MARRIED VED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Fe	emale	White	Marr	ied	6-15-1903	611	
ιδλ.	USUAL OCCU	JPATION (Give kind of w	ork 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei		12. CITIZEN OF
done	during most of	working fife, even if retired	4)				WHAT COUNTRY?
F	lousewif	е	Home	e	Maryland		U.S.A.
	FATHER'S NAM				14. MOTHER'S MAIDEN NAM	ME	
	0 -	17. 0 7.			35 (33		
		rge VonCuli			Mary Shook		
5. Yes	Wos Deceased , no or unknown	Ever in U. S. Armed	Forces? otes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No				Mr. Widliam Du	nkin	(same as # 4)
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	1B./ 6	+X		CAUSE O	P DEATH		INTERVAL BETWEEN ONSET AND DEATH
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_	OR CONTRIBL	TING CAUSE OF	I	nome, form, foctory, street, o		(II III DOMINIDIE	Gily, give exoci locowoll
CAL	DEATH (notify	medical examiner	•	etc.)			
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ME	OF INJURY			While At Not Whi	le 🗀		
	(APPROX)			Work At Work			
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						/	1 Y
	that (I) (we)	lost sow the decea	sed olive o	June 25	19_6ond the	otin (my) (our) opj/	nion death occurred on the date
	and hour one	from the couses s	toted obove.	(I)((Me) (did) (did not)	view the body after death.		
	23A. SIGNATU				· · · · · · · · · · · · · · · · · · ·		23B. DATE SCHED
	//	101.	Y	M.D. Att	ending Med.	Stoff -	10/201/1
	1/	104191	· Il	Phy		Phys.	4/2/11/11/11
	23C. PHYSICIA	N'S	1		23D. ADDRESS	1	/ //
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	VV	TEIL		WH 5	1010	TUK!	N V B
24A	REMOVAL (MATION, 248. DATE	24C	NAME of CEMETERY OF CR	EMATORY 24D. LO	OCATION (Ci	ty, down, or county) (State)
			10/2 7	3 70 7			
	Burial	6-30-	1767 H	oly Redeemer Ce	metery Ba	ltimore,	Md•
25A	. DATE REC'D	BY HEALTH DEPT.	25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
		JUN 29 1967	OR Dec	5 E. January	McCully Funer	al Home 1.30	D E.Fort Ave. #30
_			N. C. C.			اريك تاست	101 n WART #20



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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALLIMORE CITY HEALTH DEPARTMENT 67 6243 CEDTIFICATE OF DEATH Registered No	67 6243
M.E CASE NO.	000
1. NAME OF DECEASED (Type or Print) ESTHER KNAUITZ 2. DATE AND HOUR OF DEATH (Type or Print) ESTHER KNAUITZ	95P M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If in A. STATE B. COUNTY	stitution: residence before odmissian)
FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or location)	15-38
INSTITUTION (If outside city limits, write I	KUKAL and give tawnship)
D. STREET ADDRESS (If rurol, give location)	1 HTS. AUE.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF, BIRTH / 9. AGE (In years	
WIDOWED, DIVORCED (specify) WIDOWED, DIVORCED (specify) Ola 4 (2)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE AT HOME (USS 1A	U, S - A.
13. FATHER'S NAME	
BORACH BERMAN TOBA? 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	~ ADDRESS
NO 216-38-3473 HOSPITAL CHAR	INTERVAL BETWEEN
	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease,	404
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	VT
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the (C)	
UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	1 10
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ш 🗸	e City, give exact location)
OR CONTRIBUTING CAUSE OF home, farm, foctory, street, office bldg., INJURY OCCUR?	, , , ,
OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
(APPROX.) While At Work Not While At Work	/ -
22. I certify that (1) (this hospital) attended the deceased from	6/23 1967.
that (I) (we) last saw the deceased alive an 19 61 and that in (my) (our) api	nion deoth occurred an the date
and haur ond from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGN A/LORE /)	23B. DATE SIGNED
Allending Med. Staff. Phys. Phys.	6/25/67
23C.PHYSICIAN'S NAME (Type) 23D. ADDRESS	
SHELDON FRANK M.D. SINAI HOSPITAL O'	F BACTIMONE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (Ci REMOVAL (Specily)	ty, town, or county) (State)
BURIAL 6/27/67 HEBREW YOUNG MEN BALTIMORE, MA	RYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAM 25C. FUNERAL DIRECTOR	ADDRESS
SOL LEVINSON & BROS. INC. vs 150-REV. 1/1/65	, bulu KEISI., KV.



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the contract of the contract of

BIRTH NO.

67 6245 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 6245

M.E. CASE NO.				
1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD		
RALPH		TRELL June 27, 1967 6:32 A. M.		
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESID	ENCE (Where deceosed lived, If inst B. COL and	
HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET		VN (If outside corporate limits, write	e RURAL and give township)
INSTITUTION	NOITUTIRSNI		imore	16-0X
3801 Stokes Drive	D. STREET ADDE	RESS (If rurol, give location)	C V	
00		3801	Stokes Drive	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	H . 9. AGE (In years	If Under 1 Yr, If Under 24 Hrs.
Male White	widowed, divorced(specify) Married	6/18/0		Months Doys Hours Min.
toa. USUAL OCCUPATION (Give kind of wor done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	YII. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Tenn.		WHAT SOUNTRY?
13. FATHER'S NAME		14. MOTHER'S M	AIDEN NAME	
James Quintrell		Ma	ary Wilson	
15. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SO CIAL	17. INFORMANT	D-1 1- O-1 4 -33	ADDRESS
(Yes, no or unknown) (If yes, give wor or dote	es of service) 4 01-01-3511		Ralph Quintrell	
			Stokes Dr 21229	
18. 4 22 1	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DI				
LEADING TO DEATH	(A) ALCEL	ciosclerot	ic Cardiovascular	Disease
heart failure, asthenia, etc. It means injury or complication which coused	s the disease,			
Injury or complication which coused	deoms/			
ANTECEDENT CAUSE	S			
DISEASES OR CONDITIONS, IF A				
UNDERLYING CONDITION LAST.	TA III O THE			
Z	(C)			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 198. CON				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE				
E DISEASE OR CONDITION CAUSING				00000000000000000000000000000000000000
19A. DATE OF OPERATION 19B. CON		20A. AUTOPSY	? (Yes or No) 20B. IF YES, WERE FI	
		Yes		Yes
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)		VHERE DID (If in Boltimore City, gi	ve exact location)
21D TIME (Month) (Doy) (Yeo	(Hour) 21E. INJURY OCCURRED	21 F H C	OW DID INJURY OCCUR?	
OF INJURY			W DID INJURI OCCUR:	
(APPROX.)	m. WHILE AT NOT AT W	WHILE		
22. I certify that I held an I	Inquiry Inspection Au	tapsy X one	that on this bosis, deoth in a	my opinion
resulted from: Natural ca	Accident Suicid			er
ACTUAL /110	. 1 6 2		EDICAL EXAMINER	DATE SIGNED
SIGNATURE /	us h Jak Mo		EDICAL EXAMINER X	
EXAMINER'S Werner	U. Spitz, M.D.	ASSOCIATE M	EDICAL EXAMINER	6/27/67
NAME (Type)				
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME OF CEMETERY	OF CREMATORY	23D. LOCATION (City	, town, or county) (Stote)
Burial 6/29)/67 Lorraine	Pakk Cem.	Balto., Md	
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR		AL DIRECTOR	ADDRESS
JUN 29 1967	Rest E. Falleyma		ke F. D 4101 Ed	
VS 151-REV. 1/1/65				.1

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BIRT	H NO. 67 624	6	TE OF DEATH × Re	gistered No. 67 6246	
	. CASE NO.	CENTITICA	2. DATE AND HO	UR OF DEATH	
	Pd-4) d	/			
3 9	ISACIONE A. S	TEIN	JONE 27	1967 8 ased lived. If institution: residence before ad	logic signal
3. F	EACE OF DEATH IN BACILMORE MARIEAND		A. STATE B. COUNTY	used lived. If Institution; residence before do	A STORY
F	ULL NAME OF (If not in hospital or institut	ion, give street	MARYLAND	Dalla, (0
	IOSPITAL OR address or lacation)		C. CITY OR TOWN (If outside ci	ty limits, write RURAL and give township)	
. 1			BALTIMORE	33-00	0
7	UNION MEMORIAL TI	POSOITAL	DESTREET ADDRESS (If rural, g	ve location)	
	7,	- ۱۱۱۱۲	1326 CHURCH	HILL DRIVE	
5. S	EX 6. RACE 7. MARE	RIED, NEVER MARRIED		(In years If Under 1 Yr If Under	24 Hrs.
	WIDO	WED, DIVORCED (specify)	lost bit		Min.
1	USUAL OCCUPATION (Give kind of work 10B. KINE	RRIED	JULY 4, 1895	71	
	USUAL OCCUPATION (Give kind of work 10B, KINE during mast all working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign cau	ntry) 12. CITIZEN OF WHAT COUNTRY?	
		The sea Maria	Na a B V I Mala	1150.	
3.	ATHERS NAME	19119 1116.	MARY LAND	usac	
	MICHAEL STEIN		TrosA		
5. \	Vas Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS	
es	,no or unknawn) (If yes, give wor or dotes of servi				
_	No	215-01-1939A		N 1326 CHURCH HILL	DRIV
	18.420,11	CAUSE O	F DEATH	INTERVAL BETWE	EEN ATH
	DISEASE OR CONDITION DIRECTLY		A		
	LEADING TO DEATH	(A) Cla	to myorording	infortin / wo tons	-
	(This does not mean the made of dying,				
	heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)				
	ANTECEDENT CAUSES	(B) CO7	only selven	1950	
		DUE TO	,		
	DISEASES OR CONDITIONS, if any, gi	ving	andred in suff	en Broser	196
	rise to the above cause (A) stating UNDERLYING CONDITION last.	(C) 1/0			
	14		/		
z	II OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING			
ATION	TO THE DEATH BUT NOT RELATED TO				
Y	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	Tana autobase (Van an Navi 208	IF YES, WERE FINDINGS CONSIDERED	
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	IN (CERTIFYING CAUSES OF DEATH?	
ERT	0		No		
	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, factory, street, of	n or about 21 C. WHERE DID	(If in Boltimare City, give exact location)	
AL	DEATH (notify medical examiner)	etc.)			
S	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY O	CCI19?	
	OF INJURY	While At Nat Whil		CCOR.	
-	(APPROX.)	Work At Work		1	
	22. I certify that (I) (this hospital) attend	ed the deceased from	un 2 , 19 4	6 to June 27 19	67
		0 2.7/	1 -		
	that (I) (we) last saw the deceased alive	an flisher III	19and that in (my) (por) apinion death accurred an	the dat
	and haur and fram the couses stated abov	e. (l) (We) (did) (did not) v	iew the bady ofter death.		
	23A. SIGNATURE			23B, DATE SIGNED	
	SAMUEL WHIT	EHOUSE M.D. Atte	ending Med. Stoff Stoff Director Phys.	1/20/1	7
		Fily		- 6/60/6	
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	orly If	
	De whileh	M.D.	3900 14 Wh	. CUS 47 .	
24A		C. NAME of CEMETERY of CRE	MATORY 24D. LOCATIO	ON (City, town, ar caunty)	(Stote)
	BURIAL (Specify) 6/28/1967	A CONTRACTOR OF THE PARTY OF TH	1454.P BALT		
	50RIAL 0/20/116/	HEBREW TRIEN	40.14		
25A	. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	C. LAIC GOOGLESS	
	JUN 29 1967 ID D.	Fr E. Stadley MM	SYLUAN S. LEWIS +.	GN, INC. GARRISON, MY).
\/e	150-REV. 1/1/65	The same of the sa			
13	130-ME 4: 1/ 1/03				

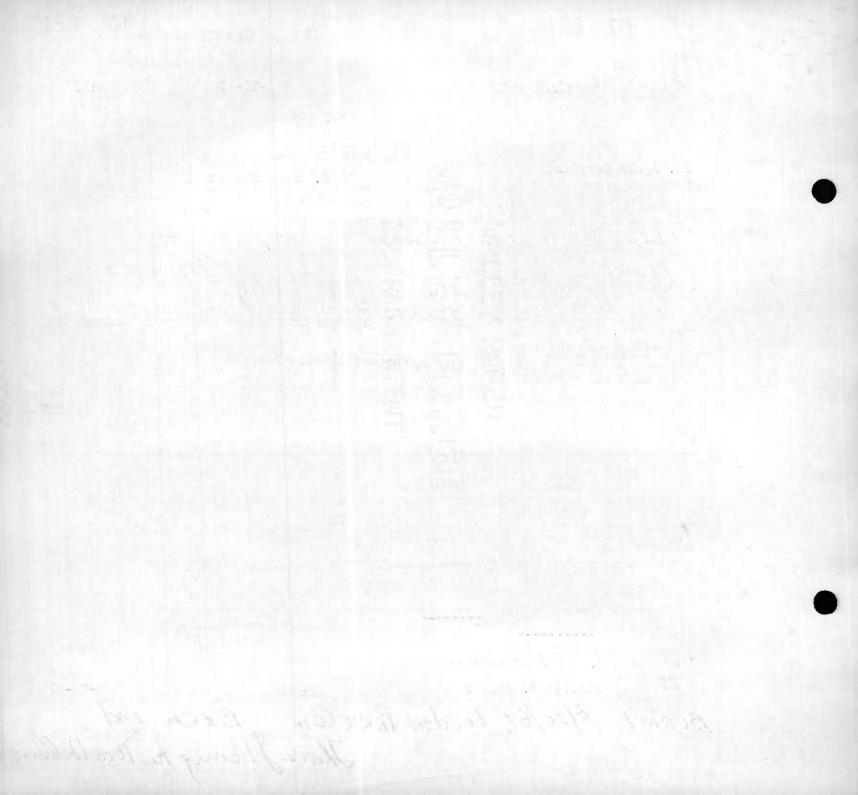
,	0184 01		BALTIMORE CIT	Y HEALTH DEPARTMEN		
BIRTH NO.		247	CERTIFICA	TE OF DEAT	•	0,07
(Type or Print)	A .	01_80 N	(Agnes Kather	ine Tolson 6	- 27 -67	1825 P
	TH IN BALTIMORE, MAI	RYLAND	(wgites moute)	4. USUAL RESIDENCE	(Where deceased lived. If	institution: residence before admission)
FULL NAME OF	(If not in haspital a	or institution	nive sheet			1) MARMLAND
HOSPITAL OR	oddiess or location		dive sueei			RURAL and give township)
DULIRCH F	HOME & HOSPIT	TAL		BALTIM	ORE	*
2 100 N. L	BROADWAY, BA	ILTIMORE	2. 2123/		(If rural, give location)	2 2
2.5				2:43 Ballo	n Ct. 2/2	31 5-01
	WHITE	WIDOWE	NEVER MARRIED D. DIVORCED (specify) dowed	8. DATE OF BIRTH	9. AGE (In years tost birthday)	tf Under Tyr. If Under 24 Hrs. Months Doys Hours Min.
	PATION (Give kind of work piking life, even il retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
UNEMPL			-	MARYLI	448	AMERICAN.
3. FATHER'S NAM		John	Weggel	14. MOTHER'S MAIDEN	NAME	
- WAXX	CIEXUAXXXXXVIOLEXAXO			XXXXXX	CXXXXXXXXXXXXXX	Anna ?
5. Was Deceased E	ver in U. S. Armed Ford	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	If yes, give wor at dates	or service)	217 - 09-6901	FROM ADMIT	TING CHART.	
18. 4. 26	See / I		CAUSE	F DEATH	Thursday	INTERVAL BETWEEN
	OR CONDITION DIR	ECTLY	Bank	TERROLLE SE	Accident	- hotel
	I mean the mode of	dying, e.g.,	(A) DUE TO	0 0100 1/3300 2/3		
heort failure, a	sthenia, etc. It meons lication which coused	the disease,			8 200	
	NTECEDENT CAUSES		(B) Post		CLERUTIC CARD	10- years
	CONDITIONS, if	nv. giving	DUE TO	-VASCULAR	DISEASE.	
rise to the	abave cause (A)		(C)			
UNDERLYING	CONDITION last.					
OTHER SIGNIE	CANT CONDITIONS C	ONTRIBILITING	3			(0)
≥ TO THE DE	ATH BUT NOT RELA	TED TO TH		-		
19A. DATE OF (OPERATION 198. CONI	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE	FINDINGS CONSIDERED
5-25-6	7 TRAC	HEOSTO	My		IN CERTIFIED C.	AUSES OF DEATH?
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF	21 B. hom etc.	e, faim, factory, street, o	n or obout 21C. WHERE D ffice bldg., INJURY OCCU	ID (If in Boltimo	ne City, give exoct location)
	Month) (Day) (Year)	(Haur) 21 E.	INJURY OCCURRED	21 F. HOW DIE	INJURY OCCUR?	
OF INJURY	-	Whi	le At Not Whi			
22. L certify t	hat (I) (this bosnital)		ne deceosed fram	5-18-	19 67 to 6	-27 1967
	ast sow the decease			1967 ar	/	inion death accurred on the date
				view the body ofter de		mon death accorred on the dan
23A. SIGNATUR			/ (<u>ne/ (did lidi)</u> (riew life body offer de	om.	23B, DATE SIGNED
	XTTL	a	M.D. Att	ending Med.	Stoff	6-27101
23 C. PHYSICIAN	S	7	Phy	23D. ADDRESS	Phys.	
23 C. PHYSICIAN NAME (77)	A A-C	Z Sa	BONG S PA.D.	ller	uch for	A Borp.
4A. BURIAL CREM REMOVAL (Sp		24C. N	ME al CEMETERY at CR	EMATORY 24	ID. LOCATION	City, town, or county) (State)
Burisl	7/1/67		eder Hill		Ritchie Hyway	A. A. Co. Md.
25A. DATE REC'D		25B. NAME C	F REGISTRAR	25C. FUNERAL DIRE	CTOR	ADDRESS Pot on a control of
	IN 29 1967 (P. Post	E. SanteyMA	mª Cull	y Transcal Her	Patapsco Ave. at
VC 150 BCV 1/17	-				7	JAG CO. DIKIYN

THE ENGLY OF LIEF 19 27 3 PERMITS STATE UNS 7 12 2 2 1/4 preside effek BUNCHESTARS PARTIE NEWGARE 217 ON-OFO PROPERENCE CHART Seneral unschaft Madenwy THE PROPERTY OF THE PARTY OF TH are a city of the property of STATES TRACESTORY

6248

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.	CERTIFICATE OF DEATH Magnetic Management of the Control of the Con
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print) ARRIVET TANK OUTTOORED	6 27 67
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	1000
40	D. STREET ADDRESS (If rural, give location)
St. Agnes Hospital	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	23 S. Carey Street B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.
WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthday) Months, Doys Hours, Min.
Female White DIVOKCE	10-01721 44 45
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Langue Region Walless	//KGINIH
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HUGH G BLYANT	hus 4 \$ 112681010
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL	17. INFORMANT // // ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	123 My Ma Phillips Pro S 1/18
NO NO 212-26-44	12/1/20MINI II TO NIZOJANJON VII
18. 4/ / / X	AUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ONSEL AND DEATH
	Rheumatic Heart Disease
l lean londe, osmento, etc. It means me disease,	
injury or complication which caused death.)	
ANTECEDENT · CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING (B)	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
OF TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	
	NO IN CERTIFYING CAUSES OF DEATH?
ZIA. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	(e.g., in or about 21C. WHERE DID (If in Baltimare City, give exact location)
UNDERLYING OR CONTRIB- home, farm, factory, streetc.)	eet, office bldg., INJURY OCCUR?
7	
OF INJURY	
(APPROX.)	NOT WHILE AT WORK
22.	A
	Autapsy and that an this basis, death in my apinfan
resulted from: Natural causes Accident Su	vicide Hamicide Undetermined manner
21/1	CHIEF MEDICAL EXAMINER X DATE SIGNED
SIGNATURE OF Trule	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Russell S. Fisher	6-28-67
23A. BURIAL CREMATION, 23B. DATE / 23C. NAME of CEMET	
BURIAL (Specify)	PARIC Com Beck Md
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS A ADDRESS A
The second secon	MA TO SELL TO THE TOTAL TO THE TOTAL
JUN 29 1967 R. Lass E. Jashay	Thomas & Korney he 1600 Holles
VS 151-REV. 1/1/65	

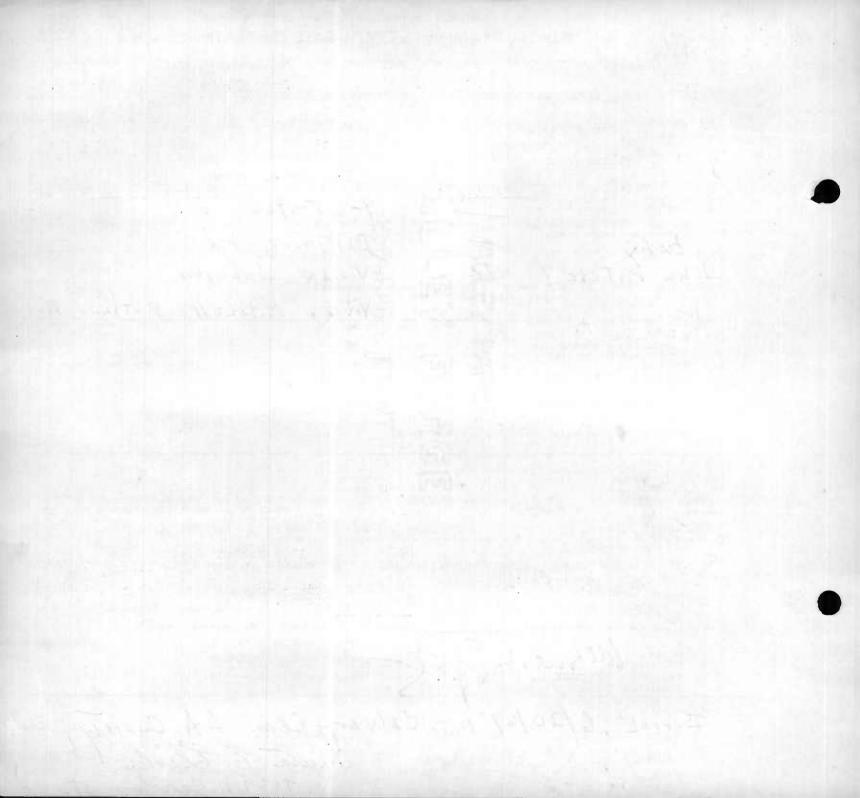


BIR	C7 C240	ATE OF DEATH Registered No.	67 6249
M.	E CASE NO.	2, DATE AND HOUR OF DEATH	
	PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If ins	L:05 A.M.
11	FULL NAME OF (If not in hospital or institution, give street oddress or location) NSTITUTION	C. CITY OR TOWN (If outside city limits, write Ri	URAL and give township)
10.	3538 FAIT AUR-	D. STREET ADDRESS (If rurol, give locotion)	
L		2538 FAIT AND	
	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED WHOMED, DIVORCED (specify)	B. DATE OF BIRTH 5-/-/2 9. AGE (In years lost birthday) 5-5	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
dor	USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTION of during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	,3
	VINCENT PARKER	1	
(Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (Ilf yes, give war or dotes of service) SECURITY NO.	MRS. A. PARKER	SAN Q
		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
,	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CO	oronary Heart Disease	12 days
	(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	ANTECEDENT CAUSES (B)		***************************************
	DISEASES OR CONDITIONS, if ony, giving		
VIION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
ERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	office bldg., INJURY OCCUR?	City, give exoct locotion)
	OF INJURY (APPROX.) (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Not WI		
	22. 1 certify that (1) (*his hospital) attended the deceased fram		e 21 ₁₉ 67
	that (I) (wa) last saw the deceased alive an June 16	60	ian death accurred an the date
	and haur and fram the causes stated above. (1) (We) (did) (dtd not)		
	Clarence W Le Dougm.D. A	Attending Med. Staff hys. Director Phys.	23B. DATE SIGNED 6/21/67
	23C. PHYSICIANS NAME (Type) Clarence W. LeDoux M.E	23D. ADDRESS D. 3023 Eastern Ave. Be	altimore, Md.
24	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of C	CREMATORY 24D. LOCATION (City	, town, or county) (Stote)
25	BURIAL 6-24-67 HOLY ROS. A DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ARY BAHIMOR	e of mode
	JUN 29 1967 Robat E. FarleyMA	HAXMOND L. 1	AcZo Roust
V\$	150-REV. 1/1/65	(2535 Fleet	5/ 4/14



Union Memorral Hespital 2529 disperth Street Wale Regro Married 85 89/4/8 Suth Corolina USA. Richard Jackson Saice Mrs Leola Jackson Same

BIRTH NO. 7 6251 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No. 6251
M.E. CASE NO. 64-20440	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
INEZ MITCHELL	June 27, 1967 2:35 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY MARYland
HOSPITAL OR ADDRESS OF LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
1003 Rutland Avenue	D. STREET ADDRESS (If rural, give location)
) ()	1003 Rutland Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours Min. 9 mos.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
John Mitchell Ir.	VIVIAN JOHNSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS / 00 3
mo.	VIVIAN MITCHELL BUTTANED AVE
18. = 936.0 CAU	JSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH	Innatus
(This does not mean the mode of dying, e.g., heart failure, est. It means the disease, injury or complication which caused death.)	GITATITA
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 199. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes
UNDERLYING OR CONTRIB- IN THE	g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) i, office bldg., NJURY OCCUR?
Nom	TO THE HOW DID INTURY OCCUR?
OF INJURY June 27, 167 TI 40 WHILE AT NO	rell inroughside of
22	_ ground
	Autopsy 🔝 and that on this basis, death in my opinion
resulted from: Notural couses Accident X Suic	cide Hamicide Undetermined monner
ACTUAL SIGNATURE LUCY SIGNATURE	CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Werner U. Spitz, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER 6/27/67
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETER	RY or CREMATORY 23D. LOCATION (City, town, or county) (State)
24A. DATE REC'D BY HEALTH DETT. 24B. NAME OF REGISTRAR	24C. GUARRAL DIRECTOR ADDRESS MA
JUN 29 1967 Robert E. Farbura	Mille E. Elichen
VS 151-REV. 1/1/65 \ 9 9 /	10 6 2 1129 n. Caroline 8+ V



23C. NAME of CEMETERY or CREMATORY

SIGNATURE

EXAMINER'S

NAME (Type)

24A. DATE REC'D BY HEALTH DEPT.

REMONAL (Specify)

VS 151-REV. 1/1/65

RUSSELL S. FISHER, M.D.

248, NAME OF REGISTRAR

M.D. ASSISTANT MEDICAL EXAMINER

24C. FUNERAL DIRECTO

ASSOCIATE MEDICAL EXAMINER

6-26-67

ADDRESS

(City, town, or county)

Separted 3/18/1945 .. lance bugh Delies Lux 202-14-20 Millie Beefl L Enside 6/27/67 Cassers Men The Lunch

C7 C251	BALTIMORE CITY HEA	
A.E. CASE NO. 67- 102		CERTIFICATE OF DEATH Registered Na. 07 0200
NAME OF DECEASED	RODNEY JONES	June 18, 1967 7:00 A.
ULL NAME OF (IF NOT IT	LAND, WHERE PRONOUNCED DEAD N HOSPITAL OR INSTITUTION, GIVE STREET OR LOCATION)	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission and state Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
46 Lutheran	Hospital	D. STREET ADDRESS (If rurol, give locotion) 1635 West LaFayette Avenue
SEX 6. RACE Negro		B. DATE OF BIRTH May 26, 1967 9. AGE (In years If Under 1 Yr. If Under 24 Hr lost birthday) W. Months Days Hours Min. 3 wks.
A. USUAL OCCUPATION (Give I ne during most of working life, even	kind of work OB. KIND OF BUSINESS OR INDUSTI	12. CITIZEN OF WHAT COUNTRY?
Lerov	Brockington	Cynthia Kohing en
WAS DECEASED EVER IN U.S.s, no or unknown) (If yes, give w	S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
DISEASE OR COND LEADING TO (This does not mean the head failure, asthenia, etc. injury or complication which	ITION DIRECTLY D DEATH mode of dving a g	erstitial pneumonitis (SDII)
ANTECEPENT DISEASES OR CONDITION RISE TO THE ABOVE CAL UNDERLYING CONDITION	CAUSES ONS, IF ANY, GIVING DUE TO	
	NOTIONS CONTRIBUTING NOT RELATED TO THE CAUSING IT.	
2	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	hame, farm, factory, street,	in or about 21C. WHERE DID (If in Baltimore City, give exact location) office bldg., INJURY OCCUR?
21D TIME (Month) (Do OF INJURY (APPROX.)	WHILE AT TO NOT	21F. HOW DID INJURY OCCUR?
22. 1 certify that I hel	d an Inquiry Inspection A	utapsy X and that an this basis, death in my apinian

CHIEF MEDICAL EXAMINER

23D. LOCATION

M.D. ASSISTANT MEDICAL EXAMINER X

Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER

23C. NAME of CEAMETERY or CREMATORY

DATE SIGNED

June 18, 1967

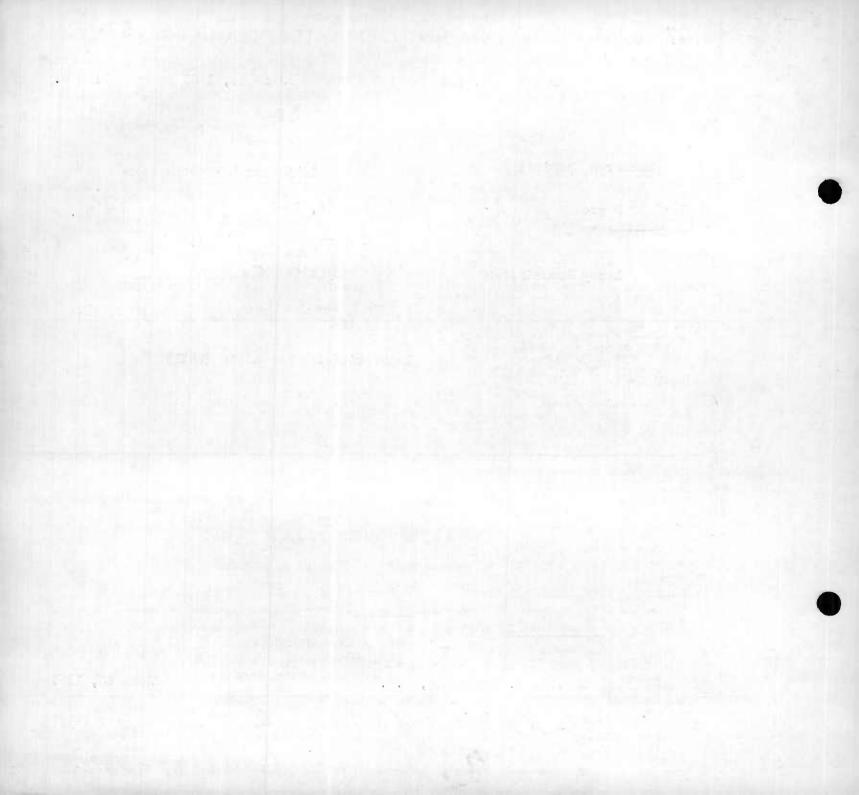
(City, town, or county)

ACTUAL SIGNATURE

EXAMINER'S NAME (Type)

23A, BURIAL CREMATION,

VS 151-REV. 1/1/65



2	BIRTH NO. M.E. CASE NO.	67	6254 CERTIFICA		Registered Na.	67 6254
	1. NAME OF DE	CEASED		2, DATE A	NO HOUR OF DEATH	- 10
	+1	RE BAUGH, H	10015	6/	27/67	1 6 M.
	3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	A. STATE B. COU	ere deceosed lived. If it NTY	nstitution: residence before admission)
	FULL NAME		or institution, give street	HO 812	54	Bults Co.
	HOSPITAL OF	R address or lacation	1)	C. CITY OR TOWN (If at	utside city limits, write	RURAL ond give township)
		UNION	MESIORIAL	3ALTIMORE	(CHESA	PEAKE N. NOHE
	4	4	HOSPITAL		rurol, give lacation)	13.
			, , , , , ,	509 8. To.	PPA RD	53-00
	5. SEX	6. RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min.
	F	w	Sive Ket D (specify)	10/23/81	2.5	
			108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare	eign country)	12. CITIZEN OF WHAT COUNTRY?
		ol working life, even if retired)		UIRGINI	Δ .	USA
	13. FATHER'S N.			14. MOTHER'S MAIDEN NA		00.0
		BERT SIVIF	155		KNOWN	
		The state of the s				
	15. Was Deceas (Yes no or unkno	ed Ever in U. S. Armed For wn)(It yes, give war ar date	ces? 16. SOCIAL SECURITY NO.	17. INFORMANT MES C	1) RGINIA W	eber ADDRESS
	NO		213-05-96340	CHAR	BAIDWIN	Mill Road ad 2013
	18. / 9	9,21,	CAUSE O			INTERVAL BETWEEN
	DISE	ASE OR CONDITION DI	RECTLY			ONSET AND DEATH
		LEADING TO DEATH	(A) C)	BRCINOTIA	VOS15	UNKNOWN
		not mean the made af e, osthenio, etc. II meons				
		amplication which coused				
		ANTECEDENT CAUSES	(B)			
		OR CONDITIONS, if	ony, giving			
		the abave cause (A) NG CONDITION lost.	stating the (C)			
	ONDEREN	11				
	Z OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING			
	E TO THE	DEATH BUT NOT RELA	TED TO THE			
	19A. DATE	OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes (N	20B. IF YES, WERE	FINDINGS CONSIDERED
	DI 19A. DATE	22/67 WASHER	CARCEANTED NEA	U, A - (06055011	IN CERTIFYING CA	AUSES OF DEATH!
	OP CONTRI	BUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in hame, farm, lactary, street, al	or about 21C. WHERE DID		e City, give exact location)
	& DEATH (not	ity medical examiner	etc.)	ase sings, has one occor:		
	O 21D. TIME	(Manth) (Day) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	OF INJURY		While At Nat Whil			
			Work At Wark			1
	22. I certi	fy that (1) (this hospita	attended the deceased from		1967 to 6	
		last saw the decease				inian death accurred an the date
	and haur a	and from the causes sta	red abave. (I) (We) (did) (did nat) v	iew the bady after death.		
	23A. SIGNA		2			23 B. DATE SIGNED
	2-8	lig suid	IV. /Janu. M.D. Atte	ending Med. Director	Staff Phys.	6/57/67
	23C. PHYSIC	HANS SIGRID A		23D. ADDRESS THE UN	ION MEMORI	AL HOSPITAL
	NAME	BA SOT	TILLINE	6.10 X180 DR	TS 3106	
	24A. BURIAL C	PEAAATION CAR DATE	24C. NAME OF CEMETERY OF GA	MATORY 24D.	ARTS BUILD	ING BALTO-MD
	REMOVAL	(Specify)	1		1 /	iny, lawn, or country) - (sigle)
	BURTI	9L 6-29	67 MENDOW RIDG	F])0	Rsay - Ho	WARD CO. MOI.
	25A. DATTING	29 1967 0	258, NAME OF REGISTRAR	25C. FUNERAL DIRECTO	R	Son Towson ING
L		المنامات المناد	to c' remail	N'COOK- 5	reaks low	son jowson Ing
V	'S 150-REV. 1/	1/65				212 ***

and many wind 19/20/11 a way 5 A . 3 Southern Street Control & WINDS WAY ROBERT SHIFEET CARCOUR FIRE TOSES EXPERIENCE King of the Comment of the part of the fort

IMPORTANT

DIRECTOR:

FUNERAL

T E = 1 (C F = 1 C F =

@	6	3	5	
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the hospital by a medical examiner. Also, if the direct or contributing cause of death on ny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Adeceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	n is made
ORTANT	assistant if death	if the direct or ny kind; (4) Unde	ed death was in	or final disnosition
ECTOR: IMP	examiner or his	xaminer. Also, 3) A fracture of a	who pronounc	ore embalmed
FUNERAL DIRECTOR: IMPORTANT	he chief medical	l by a medical e (2) Body burns; (3	ore the physician physician	fore the remains
•	e approved by t	d to the hospital	ital (except whe	+ he obtained he
	his certificate must k	the body was released to t shows: (1) An accident of ar	vas D.O.A. at a hosp leceased prior to dec	written annound must be obtained before the remains are embalmed or find disnosition is made

BIRTH NO. 67 6256 CERTIFICATE OF DEATH Registered No. 67 625 1. NAME OF DECEASED (Type of Print) LENA G. GORDON 2. DIACE OF DEATH IN ANY ANY ANY ANY ANY ANY ANY ANY ANY AN	
LENA G. GORDON JUNE 25. 1967	30
	P. N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence beld A, STATE B. COUNTY	ore odmissian
FULL NAME OF (If not in hospital or institution, give street MARY YLAND)	6
INSTITUTION (If outside city limits, write RURAL and give town:	ship)
4541 Timbico TOHO D. STREET ADDRESS (If rurol, give locotion)	
00 H541 PIMLICO ROAD	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify) 8. DATE OF BIRTH For Months Doys Holl Months Doys Hol	Under 24 Hr urs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF	- I
done during most of working lite, even if retired) VONE LITHUANIA U.S.B	RT?
NONE LITHUANIA 13. FATHERS NAME 14. MOTHERS MAIDEN NAME	
ISAdor E 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	
(Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO.	
NO NONE RUING GORDON - GIES STUART	AUE
18. 420, / I CAUSE OF DEATH INTERVAL ONSET AN	
DISEASE OR CONDITION DIRECTLY	DEATH
LEADING TO DEATH (A) 1140 CONSTAL AND MAINTENANT MILL	מיקווון
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	Philippine
ANTECEDENT CAUSES (B) ASC KD 30 4	15
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the (C)	
UNDERLYING CONDITION losi,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 120A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDER	ED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?	
	otion)
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact local Confermation of the Country of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
U	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Work At Work	
22. I certify that (I) (this hospital) attended the deceased fram 19 5 1 to 14 15	10 / "
1 7 7 7	
that (1) (we) last saw the deceased alive an June 3.3 19 (a 2 and that in (my) (a) apinion death accurre	d an the d
and haur and fram the causes stated abave. (1) (Na). (did) (did nat) view the bady after death.	
23A. SIGNATURE	
M.D. Attending Med. Staff Phys. G /26/	57
23C. PHYSICIAN'S 23D. ADDRESS	
NAME (Type)	Rs /1/5
1401107	14/10
	(Stote)
24A. BURIAL CREMATION, 24B. PATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)	. 0
	mol
Burial (6) 27 67 Brain Pariel Balto 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF RECIPITARY 25C. FUNERAL DIRECTOR ADDRE	
Burial 6/27/67 Brai Parael Balto	

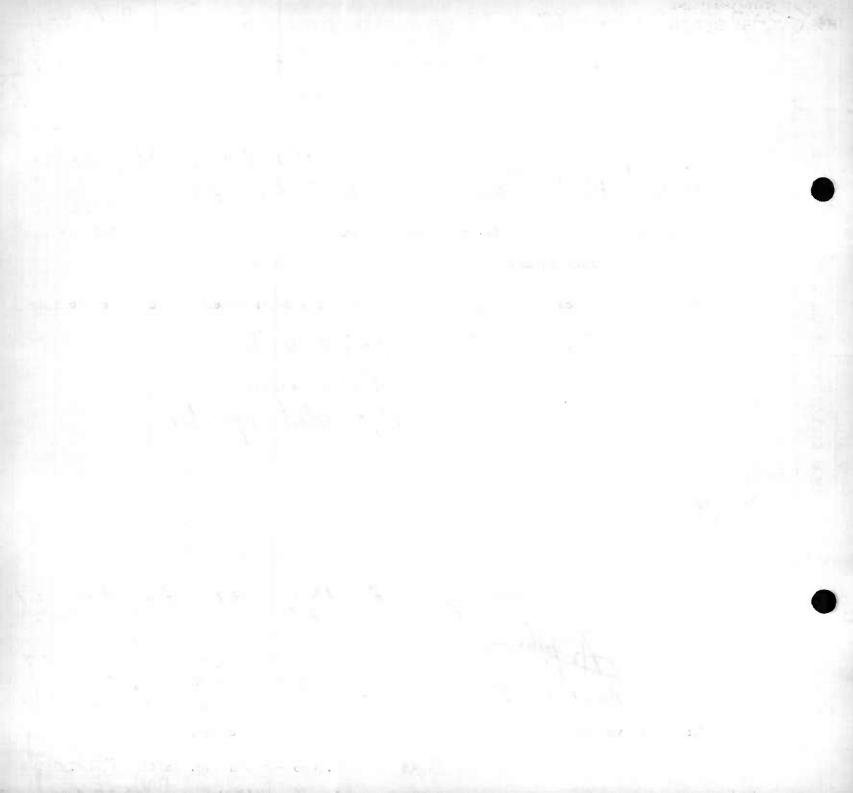
VS 150-REV. 1/1/65

and the second s

67 6258 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 6.7 6258

	NAME OF DE	CEASED					2. DATE AN	ID HOUR PRONOUN	CED DEAD	
	LAWRE	NCE	FROME		SCHUI	LTZ	Jun	e 20, 1967		7:00 A.M.
				PRONOUNCED D		4. USUAL RESIDA. STATE Maryl:		deceosed lived. If in B. CO	stitution: residen- DUNTY	ce before odmission)
HC	LL NAME OF SPITAL OR STITUTION	ADDRESS	OR LOCATION	INSTITUTION, G	VE STREET		WN (If outsid	le corporate limits, wri	RURAL ond	give township)
0	0 1012	Hollins	Street			D. STREET ADD		s Street		
	Male	6. RACE Whi	WIDO	ARRIED, NEVER MOWED, DIVORCED ARRIED FLOOR UND OF BUSINES	(specify)	B. DATE OF BIRT	1510	9. AGE (In years lost birthday)		Yr. If Under 24 Hrs.
doi	HUSK FATHER'S NAM	STER	n if retired)	RUDUCE	S OK INDUSIKI	MARY L	AND		12. CITIZEN WHAT C	OUNTRY?
	FREDE	RICK	SCHUI			LOUISE				
			s. ARMED FOR wor or dotes of s		RITY NO.	LORETT	A-SCHI	ULTZ 140	ADDRESS 71 IYEN	TAVE.
	1B. 5 8	-/.0	NITION BIRES		CAUSE	OF DEATH				TERVAL BETWEEN
		LEADING T			Al	Alterati	on of	Liver		
	heart tollure,	osthenio, etc.	mode of dying It meons the d h coused death.)	, e.g., seose,	DUE TO					***************************************
	A	NTECEDENT	CAUSES		(8)					
	RISE TO TH	OR CONDITION E ABOVE CAI NG CONDITION	ONS, IF ANY, GUSE (A) STATING	IVING THE	DUE TO	•••••••••••••••••		******************************		
Z		10 001101110			(C)	• = • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			
CATION	TO THE	DEATH BUT	NDITIONS CONT	RIBUTING TO THE						
I				N FOR WHICH O	PERATION	20 A. AUTOPSY	? (Yes or No)	20 B. IF YES, WERE F		1?
CERTIF	19A. DATE OF	OPERATION	WAS PERFORM			Yes		IN CERTIFYING CAL	DULL OF DEATH	res
CAL CERTI	19A. DATE OF 21 A. EXTERNA UNDERLYING	L CAUSE WA	WAS PERFORM	21B. PLACE OF	INJURY (e.g., in actory, street, of		HERE DID	(If in Boltimore City, s		Yes
AL CERTI	19A. DATE OF 21A. EXTERNA UNDERLYING UTING CAU 21D TIME OF INJURY	L CAUSE WA	WAS PERFORM	21B. PLACE OF home, for etc.)	Y OCCURRED	Yes	HERE DID	(If in Boltimore City, s		
EDICAL CERTI	19A. DATE OF 21A. EXTERNA UNDERLYING UTING CAU 21D TIME OF INJURY (APPROX.)	L CAUSE WA OR CONTRIB- SE OF DEATH	WAS PERFORM!	218. PLACE OF home, form, for etc.) 21E. INJUR WHILE AT WORK	Y OCCURRED NOT WAT WO	Yes n or obout 21C. V ffice bidg, INJURY 21F. He	WHERE DID	(If in Boltimore City, s	give exact locati	
EDICAL CERTI	19A, DATE OF 21A, EXTERNA UNDERLYING UTING CAU 21D TIME OF INJURY (APPROX.) 22.	L CAUSE WADOR CONTRIB- SE OF DEATH (Month) (D	S	21B. PLACE OF home, form, for etc.) 21E. INJUR WHILE AT WORK	Y OCCURRED NOT WAT WO	Yes n or obout 21C. V ffice bidg, INJURY 21F. H OPEN A and	WHERE DID OCCUR?	Ulf in Boltimore City, of URY OCCUR?	give exact locati	
EDICAL CERTI	21A. EXTERNA UNDERLYING UTING CAU 21D TIME OF INJURY (APPROX.) 22. I cert	CAUSE WADOR CONTRIB- SE OF DEATH (Month) (D	WAS PERFORM!	21B. PLACE OF home, form, for etc.) 21E. INJUR WHILE AT WORK	Y OCCURRED NOT WAT WO	Yes n or obout 21C, V ffice bldg,, INJURY 21F, He DRK DRY Hamici	HERE DID OCCUR? DW DID INJ	(If in Boltimore City, s	give exact locations are my opinion	on)
EDICAL CERTI	19A. DATE OF 21A. EXTERNA UNDERLYING UTING CAU 21D TIME OF INJURY (APPROX.) 22. I cert resul ACTUAL SIGNAT	CAUSE WAD OR CONTRIB- SE OF DEATH (Month) (D	WAS PERFORM! S Oy) (Yeor) (H Id an Inquiry attural causes [218. PLACE OF home, form, for etc.) 21E. INJUR WHILE AT WORK Inspect	Y OCCURRED NOT V AT W Suicide	Yes n or obout 21C, V ffice bldg, INJURY 21F. He VHILE DESY A anici CHIEF M ASSISTANT M	WHERE DID OCCUR? DW DID INJU d that an th de	URY OCCUR? is basis, death in Undetermined mann (AMINER (give exoct location my opinion ner	DATE SIGNED
MEDICAL CERTI	19A. DATE OF 21A. EXTERNA UNDERLYING UTING CAU 21D TIME OF INJURY (APPROX.) 22. 1 cert resul ACTUAL SIGNAT EXAMIN NAME (**)	(Month) (D	was PERFORM! S oy) (Yeor) (H Id an Inquiry prival causes) erner U.	218. PLACE OF home, form, for etc.) 218. PLACE OF home, form, for etc.) 218. PLACE OF home, form, for etc.) 218. PLACE OF home, for etc.)	Y OCCURRED NOT V AT WC Suicide M.D.	Yes n or obout 21C, V ffice bldg, INJURY 21F. He PRK CHIEF M ASSISTANT M ASSOCIATE M	WHERE DID OCCUR? DW DID INJU d that an th de	URY OCCUR? is basis, death in Undetermined mann (AMINER (give exoct location my opinion ner	on)
MEDICAL CERTI	21A. EXTERNA UNDERLYING UTING CAU 21D TIME OF INJURY (APPROX.) 22. I cert resul ACTUAL SIGNAT EXAMIN NAME (** A. BURIAL CREMOVAL (Specify)	CAUSE WAD OR CONTRIBUTE (Month) (Desired from: Note that I have the from: Note that I have that I h	WAS PERFORM! S Oy) (Yeor) (H Id an Inquiry attural causes [218. PLACE OF home, form, for etc.) 218. PLACE OF home, form, for etc.) 218. PLACE OF home, form, for etc.) 218. PLACE OF home, for etc.)	Y OCCURRED NOT V AT W Suicide	Yes n or obout 21C, V ffice bldg, INJURY 21F. He PRK CHIEF M ASSISTANT M ASSOCIATE M	WHERE DID OCCUR? OW DID INJU d that an th de EDICAL EX EDICAL EX EDICAL EX	Ulf in Boltimore City, surprise of the second of the secon	give exoct location my opinion ner	PATE SIGNED 9/67
MEDICAL CERTI	21A. EXTERNA UNDERLYING UTING CAU 21D TIME OF INJURY (APPROX.) 22. I cert resul ACTUAL SIGNAT EXAMIN NAME (** BURIAL CREA	CAUSE WADOR CONTRIBUTED TO THE C	WAS PERFORM! S Oy) (Yeor) (H Id an Inquiry priural causes ETHER U. B. DATE S. DATE S. DATE S. PR-196 DEPT. 248.	218. PLACE OF home, form, for etc.) 218. PLACE OF home, form, for etc.) 218. PLACE OF home, form, for etc.) 218. PLACE OF home, for etc.)	Y OCCURRED NOT V AT WO Lian Auto Suicide D. D. CEMETERY or MORE N RAR	Yes n or obout 21C, V ffice bldg, INJURY 21F, He OPK WHILE CHIEF M ASSISTANT M ASSOCIATE M CREMATORY	DW DID INJUDE DID INJU	Ulf in Boltimore City, surprise of the second of the secon	my opinion ner 6/1 y, town, or coun	PATE SIGNED 9/67 (Stote)

BIRT	00 0050	HEALTH DEPARTMENT	67 6259
	H NO. 67 6259 CERTIFICA	TE OF DEATH X Registered Na	07 0200
	CASE NO. AME OF DECEASED	2. DATE AND HOUR OF DEATH	
Тур	e or Print) KNIGHT TAMES W	6-78-67	12-750
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If in	stitution: residence before admission
		A. STATE B. COUNTY	1 1 0
H	ULL NAME OF (If not in hospital or institution, give street oddress or location)	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
11	NSTITUTION 14 71 / 0 4/ /	0/1/	20 10
1	utheran Hospital of Maryland	D. STREET ADDRESS (If rurol, give location)	32-00
	46	5409 Magain	24 (MARIE)
5. S	EX 6. RACE 17. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE 10 years	If Under 1 Yr. If Under 24 Hrs
1	WIDOWED, DIVORCED (specify)	17 - 0 - 1697 lost birthddy)	Months Doys Hours Min.
OA	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
	during most of working life, even if retired)		WHAT COUNTRY?
	Farmer Self-Employed	Georgia 14. MOTHER'S MAIDEN NAME	USA
3. F	ATHERS NAME	14. MOTHER'S MAIDEN NAME	
	Jack Knight	Unknown	
5. V	Vas Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
WW	I Yes CAUSE O	Harris & Smith Funeral Hor	ne McRae, Georgia
		T DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	7.5 C. W. D	
	(This does not mean the mode of dying, e.g., (A) DUE TO		
	heort foilure, osthenio, etc. 11 meons the diseose, injury or complication which caused death.)	Ω	
	ANTECEDENT CAUSES (B)	neumonia	
	DISEASES OR CONDITIONS, if ony, giving	11.11.	
	rise to the obove couse (A) stoling the (C)	rocardial intarction	
	UNDERLYING CONDITION IOSI.		
_	II		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
CA	DISEASE OR CONDITION CAUSING IT. 19.4. DATE OF OPERATION [19.8. CONDITION FOR WHICH OPERATION]	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	EINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
8	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID. (If in Boltimore	e City, give exact location)
_	OR CONTRIBUTING CAUSE OF home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	give exect tocollett
a .	DEATH (notify medical examiner) etc.)		
		21 F. HOW DID INJURY OCCUR?	
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY		
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VS 150-REV. 1/1/65

LIZARAZO.

	AME OF DECI	EASED				2. DATE AN	D HOUR OF DEATH	
	e ar Print)	Wa	lter F.	Thompson		June	e 28. 1967	nstitution: residence before odmission
. P	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND	Ť	4. USUAL RESID	B. COUN	e deceased lived. If'i TY	nstitution: residence befare odmission
	ULL NAME O			give street	M	aryland	ī	23-01
	OSPITAL OR	oddress ar locatio	on)		C. CITY OR TOV	WN (If aut	side city limits, write	RURAL and give township)
1	0 2000				D. STREET ADD	altimo	rural, give lacation)	
/	House	7 Belair Rd. In Pines Nu	neina Ha)mo				
S	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRT		eath St.	If Under 1 Yr., If Under 24 Hr
	Male	White	V	o, divorced (specify)	8 4 1887		ast birthdoy)	Months Doys Haurs Min.
		JPATION (Give kind at war vorking life, even if retired)	KIOB, KIND OF	BUŠINESS OR INDUSTRY	11. BIRTHPLACE	(State or farei	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
	Machinis		Ste	el_Co.	Ma	ryland		USA
3. 1	FATHER'S NAM	ΛE			14. MOTHER'S A	AAIDEN NAA	ΛĒ	
		William Tho	mpson		F	Eva Ben	ton	
5. V Yes	Was Deceased (,na ar unknawn)	Ever in U. S. Armed Far (If yes, give war ar date	rces? es af service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	No				Mrs. Hel	Len E.	Rebstock	415 E. Gittings S
	18. 42	0.01		CAUSE O				INTERVAL BETWEEN ONSET AND DEATH
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
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IL DI dedical dical urns; ysicio	HOLL
dER/	THE
FUN the chill by (2) Bere the	STOLE
d by 1 ospita ture; t who 6) No	000
he he he ny na sxcep	DICT
d to t t of a ital (00 1
lease ciden hosp	200
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such	written approval must be
A S S S S S S S S S S S S S S S S S S S	ā
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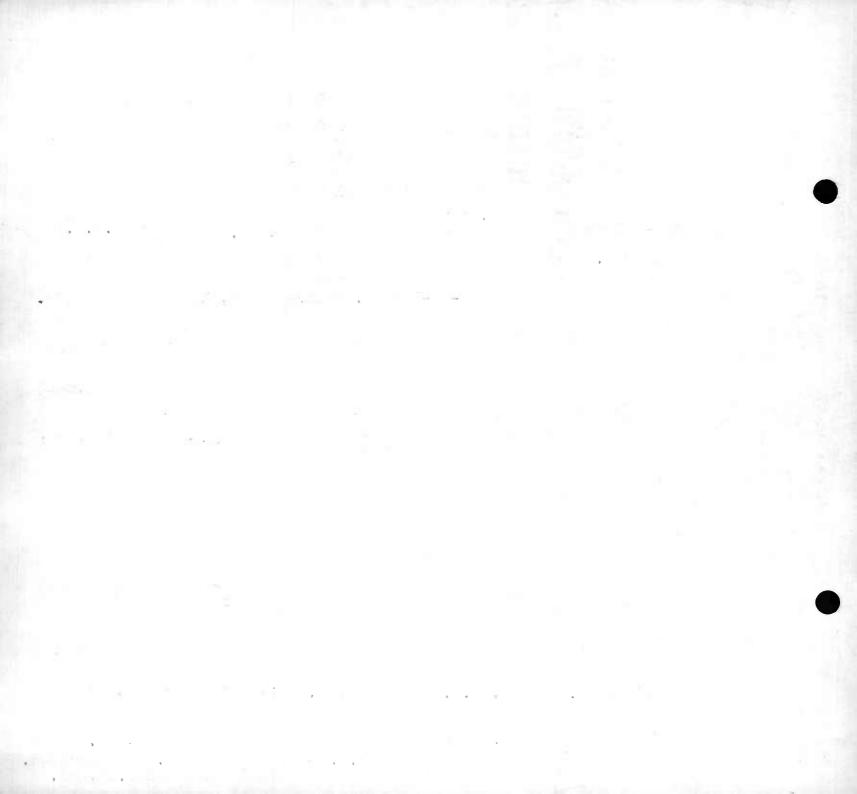
		BALTIMORE CITY	HEALTH DEPARTMENT	^	M OS
	TH NO. 67 626	2 CERTIFICA	TE OF DEATH	Registered No. D	6262
1. N	AME OF DECEASED We Hall	-		D HOUR OF DEATH	1:05 P.M.
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	e deceosed lived. If institu	utran: residence before admission)
1	FULL NAME OF (If nat in hospital or institut HOSPITAL OR address ar lacation)	ion, give street	Md.	side city limits, write RUR	AL ond give township)
3	5 Church Home	+ Hosp.	1	urol, give locotian) . Balfs. St	<i>L</i>
5. 5	EX 6. RACE / 7. MARI	SED, NEVER MARRIED	B. DATE OF BIRTH		Under 1 Yr. , If Under 24 Hrs. lanths; Doys Haurs Min.
.43	M	VIDOUED	211-04	30	
	USUAL OCCUPATION (Give kind of work 10 B. KINI e during flost of working life, even if retired)	GOU'Y	CRISFIELD	m country).	2. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
	JACKSON H	4LL	YWK		
	Was Deceased Ever in U. S. Armed Forces? i, na grunknown) (If yes, give war ar dates of servi	16. SOCIAL SECURITY NO. 217 245938	HARIW M. H.	2/1 7	#2
	18. 5 9.8 X	CAUSE O	F DEATH	7.6	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Marie		
	(This does not mean the mode of dying,		Themis Cer	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	heort failure, asthenia, etc. It means the dise injury or complication which caused death.)	ase,	Phymin Pen	al tailens.	
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, gi	at the second se			
	UNDERLYING CONDITION last.	08+u- ≅ 8 3 0 0 ≅ 3 2 0 +		7 7 7 7 7 7 7 7 7 7 8 8 8 4 7 8 7 8 8 8 4 7 8 7 8	*
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO OISEASE OR CONDITION CAUSING IT.				
ERTIFICA		OR WHICH OPERATION	20A. AUTOPSY? West or No.	20B. IF YES, WERE FIN	DINGS CONSIDERED
AL C	21A. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obaut 21C. WHERE DID INJURY OCCUR?	(II in Boltimore C	ity, give exact locotion)
EDIC	210-TIME (Month) IDay) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
٤	(APPROX)	While At Work Not While At Work	е		
	22. I certify that (I) (this hospital) attend	ed the deceased from	6-20	9 67 10 6	1967
	that (I) (we) last saw the deceased olive	on 6-18	19 6 7 and the	ot in(my) (our) opinia	n death accurred on the dote
	and haur and from the couses stoted abov	e. (1) (We) (did) (did nat) v	riew the body after death.		
	23A. SIGNATURE				B. DATE SIGNED
	Rodelio M.	Offin Phy	s. Director	Stoff Phys.	6-28-67
	23C. PHYSICIAN'S NAME Type)	Lina M.O.	23D. ADDRESS	Harris 9	- Hosn.
244	BURIAL CREMATION, 124B, DATE 124	. /-1/0/	Church EMATORY 240.13	CATION (City,	town, ar County) (State)
1	Survay 6/30/67 (Edar Bled	Van. a.	missol-	M
25/	DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C TONERAL DIRECTOR	/ V) 1 C	ADORESS
	JUN 3 U 1967 Obla	O. E. Jankey M.	Jeffer M.	Jay las	ons Arrapshi Ma
VS	150-REV. 1/1/65				/



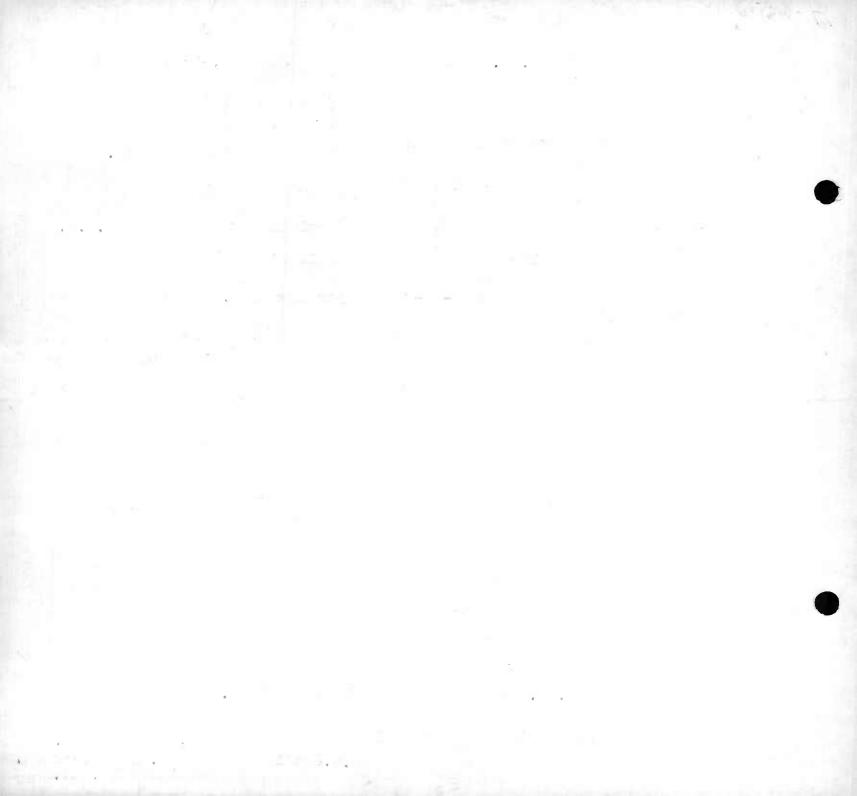
IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If autside city limits, write RURAL and give township If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS ONSET AND DEATH 20A. AUTOPSY? (Yes ar Na) 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) ond that in (my) four) opinion death occurred on the date 23 B. DATE SIGNED 2 W. University Parkway. (City, tawn, ar county) Garrison Forest, Md H.W. Jenkins & Sons Co. 4905 York Rd. Balto.12. Md.



67 6264	ITY HEALTH DEPARTMENT 67 6264
M.E. CASE NO.	CATE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
Anita E. M. Horan	June 27, 1967
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissi A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR oddress or locotion)	Virginia
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
00	Annandale /-43
Tong Green Nursing Home	8416 Queen Elizabeth Blvd.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Months Doys Hours Mir
F Widowed	4/20/1895 72
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Housewife Own Home	Virginia U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Annie O'Donnell
Thomas Walton Staglor	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No 220-07-257	70 Major Edward P. Matthews (Same)
1B. CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	elfaloure star summe 2 - 3 miles
(This does not meen the mode of dying, e.g.,	iteoro Schrow Har Alser Granice
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	Sel Lastoresias
ANTECEDENT CAUSES (B)	Margoto mellete 10 ms
DISEASES OR CONDITIONS, if ony, giving	The record much the
rise to the obove couse (A) stoling the (C)	
UNDERLYING CONDITION Iosi.	
OF THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	TO SERVICIONO CASES OF SEATH:
OR CONTRIBUTING CALLS OF CALLS	g., in or about 21C. WHERE DID (If in Boltimore City, give exact location), office bldg., INJURY OCCUR?
V DEATH (notify medical examiner) etc.)	The stage, INTOKE OCCOR.
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S OF INJURY	
(APPROX.)	
22. I certify that (1) (this haspital) attended the deceased fram	June 24 1967 to Mue 27 196%
that (1) (we) last saw the deceased alive an	196/ and that in(my) (for) apinian death accurred on the
and haur and from the causes stated above. (1) (We) (did) (did not	
23A. SIGNATURE	238. DATE SIGNED
	Attending Med. Stoff
1110000	Phys. Director Phys. 6
23 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
W. H. Woody M.	.o. 1403 Park Ave.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	CREMATORY 24D. LOCATION (City, town, or county) (State
REMOVAL (Specify)	
Burial 6/30/1967 New Cathedr	
25A. DATE RESUN 30 1967 R 25B. NAME OF THE ISTEAR	H.W. Jenkins & Sons Co. 4905 York R
THE THE THE PARTY OF THE PARTY	Baltimore 12. Md.
10 100 Det/ 1/1//0	



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6

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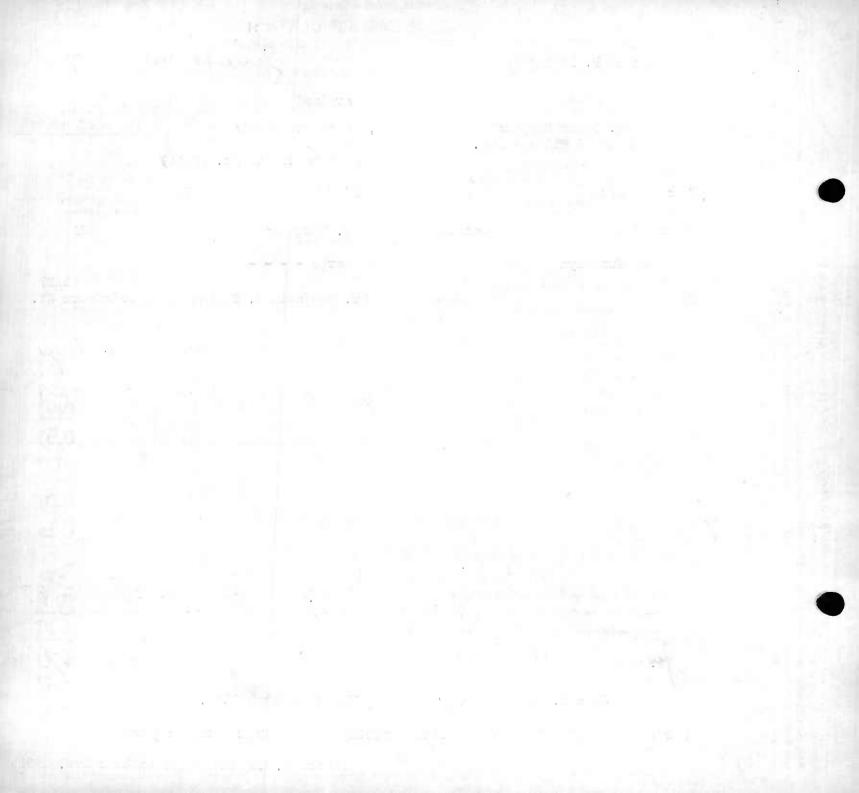
6/ 6/66	CATE OF DEATH Registered No. 67 6266
A.E. CASE NO.	ATE OF DEATH
.NAME OF DECEASED Type or Print)	2, DATE AND HOUR OF DEATH
Anthony B. Jacobski	6-27-67 4:1
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admiss A, STATE B, COUNTY
FILL MANE OF Man in bracket or institution was stored	Maryland
FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
INSTITUTION TO A TO THE TAX TO TH	Axionx Baltimore
St. Agnes Hospital	D. STREET ADDRESS (If rurol, give locotion)
Caton & Wilkens Ave.	
	16 Oaklee Village 21229
SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24
Male White WIDOWED, DIVORCED (specify)	6/11/03 lost birthdoy 64 Months Doys Hours Mi
SA. USLIAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
one during most of working life, even if retired)	WHAT COUNTRY?
Shipping Clerk Balto. Bus. Forms	USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Josephx zakka z Zakubowski	Antonina Zachaz
www. Deceased Ever in U. S. Armed Forces? 16. SOCIAL es, no or unknown) ((If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS 2122
es, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	Mary Jacobski 16 Oaklee Village
18/ 2 0 , / I	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	Coronar Jochnon 36 hos
(This does not mean the mode of dying, e.g., DUE TO	
hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	
(8)	
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, if any, giving	
rise to the obove cause (A) stating the (C)	
UNDERLYING CONDITION last.	
, II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION CAUSING IT.	
	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	THE CERTIFIENG CAUSES OF DEATH?
J 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF	t, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.)	While
Work AI W	
A CONTRACTOR OF THE CONTRACTOR	6-27-67 19 10 6-27 196
22. I certify that (I) (this hospital) attended the deceased from	
	~ /
that (1) (we) lost sow the deceased alive on 6-27	and that in(my) (***) apinion death occurred on the
that (1) (we) lost sow the deceased alive on	and that in(my) (***) apinion death occurred on the
that (1) (yet) lost sow the deceased alive on 6-27	1967 and that in(my) (***) apinion death occurred on the
and hour and from the causes stated above. (1) (We) (did) (did not 23A. SIGNATURE	and that in(my) (ext) apinion death occurred on the ot) view the body ofter death. Allending Med. Stoff
and hour and from the causes stated above. (1) (We) (did) (did not 23A. SIGNATURE	and that in (my) (ext) apinion death occurred on the ot) view the body ofter death. Attending Phys. Med. Director Phys.
and hour and from the causes stated above. (1) (We) (did) (did not 23A. SIGNATURE	and that in(my) (ext) apinion death occurred on the ot) view the body ofter death. Allending Med. Stoff
and hour and from the causes stated above. (1) (We) (did) (did not 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	and that in(my) (ext) apinion death occurred on the style view the body ofter death. Allending Med. Stoff Phys. 23D. ADDRESS
and hour and from the causes stated above. (I) (We) (did) (did not 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Earl I. Pass	Allending Med. Director Phys. 23D. ADDRESS A.D. 4001 Wilkens Ave. 21229
and hour and from the causes stated above. (I) (We) (did) (did not 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Earl I. Pass	Atlending Phys. Allending Phys. Allending Phys. Allending Ave. Allending Phys. Allending Phys. Allending Phys. 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23D. ADDRESS A.D. 4001 Wilkens Ave. 21229
that (1) (we) lost sow the deceased alive on	Attending Med. Director Phys. 23D. ADDRESS ADD. 4001 Wilkens Ave. 21229 CREMATORY 24D. LOCATION (City, town, or county) (Sto
that (1) (we) lost sow the deceased alive on	Attending Med. Director Phys. 23D. ADDRESS A.D. 4001 Wilkens Ave. 21229 CREMATORY 24D. LOCATION (City, town, or county) (Sto
thot (1) (we) lost sow the deceosed alive on	Attending Med. Director Phys. 23D. ADDRESS A.D. 4001 Wilkens Ave. 21229 CREMATORY 24D. LOCATION (City, town, or county) (Sto

Feb. 2 06 The state of the second of the

IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



BIRTH NO. 67	MED	CAL E	XAMINER'S			DEATH Registe	ere 617	6268
M.E. CASE NO.					2 DATE AN	D HOUR PRONOUNC	ED DEAD	
Type of Films		SD						
EDWARI B. PLACE IN BALTIMORE,	GRIFFI'	HERE PRONC		4. USUAL RESID		ine 28, 1967 deceased fived. If ins	titution: resi	dence before odmission
FULL NAME OF (IF NO SPITAL OR ADE	OT IN HOSPITA	AL OR INSTIT	TUTION, GIVE STREET	Maryla c. city of to	nd WN (If outsid	B. COU		nd give township)
3 South Baltimo	re Gener	al Hos	pital	Baltimo D. STREET ADD	RESS (If rurol,	give locotion) ford Street		1-0)
Male Whi	te	WIDO WED,	n NEVER MARRIED DIVORCED(specify) narried	3/4/14	Н	9. AGE (In years lost birthday)	If Unde	r 1 Yr, If Under 24 H Doys Hours Min
OA, USUAL OCCUPATION lone during most of working life Fireman 3, FATHER'S NAME			of Business or industrian. Steel	Penna			12. CITIZ WHA	EN OF AT COUNTRY?
	r Grif	fith				Stallings	S	
5. WAS DECEASED EVER Yes, no or unknown) (If yes,	N U.S. ARMED	s of service)	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRES	
11B. / -		21	17-05-3574	Alice	Weber	Griffith,	wife	, above
DISEASES OR CON- RISE TO THE ABOVE UNDERLYING CON- OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDI	CAUSE (A) S' DITION LAST. II CONDITIONS BUT NOT REITION CAUSING	CONTRIBUT	THE					
19A. DATE OF OPERAT	WAS PER		WHICH OPERATION	YES	? (Yes or No)	20B, IF YES, WERE FI IN CERTIFYING CAU YES		
21A, EXTERNAL CAUSE UNDERLYING OR COLUTING CAUSE OF D	TRIB-	21 B. hom etc.	PLACE OF INJURY (e.g., e, form, foctory, street,		HERE DID		ive exoct le	ocotion)
21D TIME (Month) OF INJURY (APPROX.)	(Doy) (Yeo		21E, INJURY OCCURRED WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE	THI DID WO	JRY OCCUR?	ĒŅ.	
I certify that resulted from ACTUAL SIGNATURE_ EXAMINER'S NAME (Type)	Notural ca	List	Accident Sulci	de Homici	de UEDICAL EXEDICAL EX	- Bernett	er 🗌	DATE SIGNED
23A. BURIAL CREMATION, REMOVAL (Specify) Burial	23B. DATE 7/1/6	2	C. NAME of CEMETERY Lakeview M			Baltimore	, town, or	county) (State)
24A. DATE REC'D BY HEAL	TH DEPT.	24R NAME	OF REGISTRAR					
JUN S	0 1967	Real	8 Stanforma			Funeral Hehms Lane	Home,	Inc.
VS 151-REV. 1/1/65					7			

No. 1 de preses de la contra del la

1. NAME OF DECEASED	W.	2	DATE AND HOUR PRONOUNC	ED DEAD			
(Type or Print)	JOHN KASPAR		June 29, 1967	15:40 A. M.			
3. PLACE IN BALTIMORE, MARYLAND		A. STATE Maryland Maryland					
HOSPITAL OR ADDRESS OR I	DSPITAL OR INSTITUTION, GIVE STREET LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 2119 Lake Montebello Terrace					
0 0 2119 Lake Mo	ontebello Terrace						
5. SEX 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) married	March 4,		If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.			
10A. USUAL OCCUPATION (Give kind of done during most of working life, even if ret MUSIC Instructor 13. FATHER'S NAME		Baltimore, Md. 14. MOTHER'S MAIDEN NAME					
John J. Kas	spar	M.	Mary Kaspar				
15. WAS DECEASED EVER IN U.S. AR (Yes, no or unknown) (If yes, give wor or		17. INFORMANT Agnes T	urek Kaspar, w	ife, above			
This does not mean the mod heart failure, asthenia, etc. It is injury or complication which could be a second to the mod heart failure or complication which could be a second to the se	O TO THE DEATH BUT NOT BELATED TO THE						
19A. DATE OF OPERATION 19B.	CONDITION FOR WHICH OPERATION S PERFORMED	20A. AUTOPSY?	Yes or No) 208. IF YES, WERE FO				
O UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?						
21 D TIME (Month) (Doy) OF INJURY (APPROX.)	(Yeor) (Hour) 21 E. INJURY OCCURRED WHILE AT NOT NOT WORK	WHILE WORK	W DID INJURY OCCUR?				
22. I certify that I held or		ide Homicide	DICAL EXAMINER				
ACTUAL Clean	rles S. Springate, M.D	D. ASSISTANT ME		June 29, 1967			

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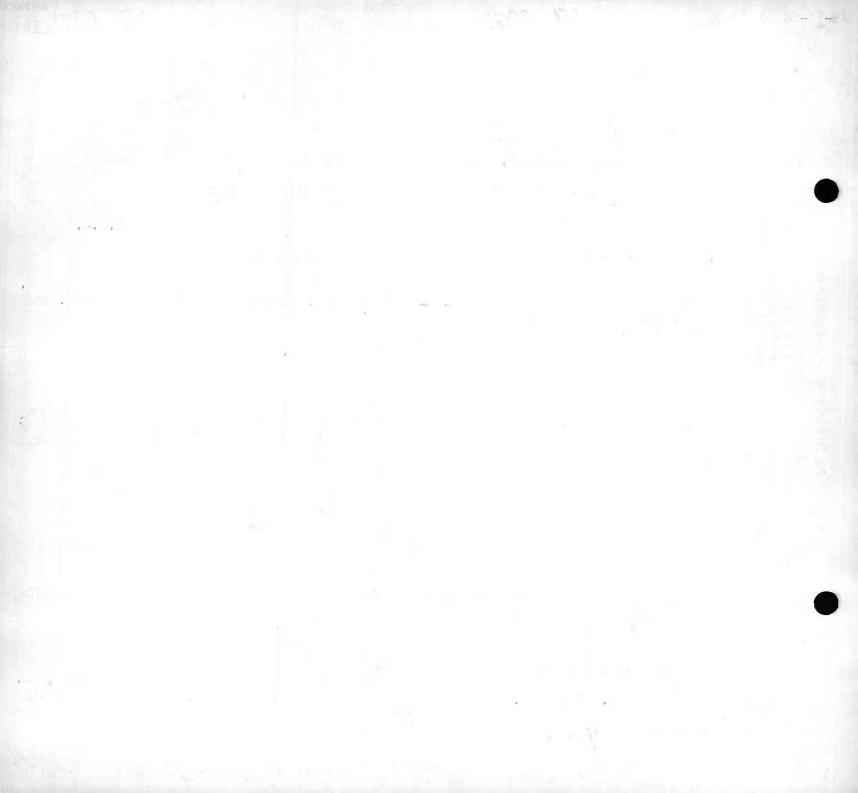
6270

BIRTH NO.

67 6270 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.	CASE NO.								
1. NAME OF DECEASED (Type of Pital) TLL TAM MUNK					2. DATE AND HOUR PRONOUNCED DE				
	WILLIA	M ,	MUNK		June 26, 1967	6:30 P. M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			HERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) City Hospital (DOA)			L OR INSTITUTION, GIVE STREET TION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore					
			DOA)						
City Hospital (DOA)				D. STREET ADDRESS (If rurol, give location) 615 S. Rose Street					
5. S	EX 6	RACE	7- MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If U	Inder 1 Yr, If Under 24 Hrs.			
Male White Whowed, DIVORCED(specify)				B. DATE OF BIRTH 9. AGE (In years lost birthday) 12-15-191 9. AGE (In years lost birthday) 54 Months, Doys, Hours 1					
don	during most of wo	rking life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE	State or foreign country) 12. (CITIZEN OF WHAT COUNTRY?			
- 4	ATHER'S NAME	ise Many	- Hu your fr	14. MOTHER'S M	AIDEN NAME				
Wm.				Moll					
		EVER IN U.S. ARMED		17. INFORMANT ADDRESS					
	no	, , , , , , , , , , , , , , , , , , , ,	217-14-3514	mis. Ju	lie Munk	613 S. Klase			
	18. 42). / 1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE	OR CONDITION DIR	RECTLY						
		LEADING TO DEATH t mean the made of	(A) Arteri	osclerotio	c Cardiovascular Disea	1se			
	heart failure,	osthenio, etc. It means plication which coused o	the disease,						
	AN	TECEDENT CAUSES							
	DISEASES O	R CONDITIONS, IF A	NY, GIVING (B)						
		ABOVE CAUSE (A) ST G CONDITION LAST.	ATING THE						
z			(C)						
은									
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
ERT	19A. DATE OF	OPERATION 198, CON	DITION FOR WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 20B. IF YES, WERE FINDING				
O	2	WAS PERF	ORMED	Yes	IN CERTIFYING CAUSES OF	F DEATH? Yes			
EDICAL	21 A. EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. Woffice bldg., INJURY	/HERE DID (If in Boltimore City, give exc OCCUR?	act location)			
Σ		(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21 F. H C	OW DID INJURY OCCUR?				
	(APPROX.)		WHILE AT NOT AT W	WHILE					
	22. I certi	fy that I held on Ir	nquiry Inspection Au	topsy X one	that on this bosis, death in my ap	inion			
	resulte	ed from: Notural cau			de Undetermined monner				
ACTUAL ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED									
	SIGNATURE WETNER U. Spitz M.D. ASSISTANT MEDICAL EXAMINER (X) EXAMINER'S WETNER U. Spitz M.D. ASSOCIATE MEDICAL EXAMINER (1) 6/26/67								
	NAME (T	ype)	· y >						
23A. BURIAL CREMATION, 23B. DATE 238. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (Stote)									
Bural									
24/	J. DATE REC'S		24B. NAME OF REGISTRAR	Thelm		3218 Huder			
VS	151-REV. 1/1/6			9 60	V V	30.			

VS 150-REV. 1/1/65



		67 6	3272		HEALTH DEPARTMENT	Registered No.	67	6979
	CASE NO.			CERTIFICA	TE OF DEATH	1	U	Ula (to
	or Print)	SED HOWARD	1,			AND HOUR OF DEATH		.0
3. PL	ACE OF DEATH	IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W	7-67 here deceased lived. If in	stitution: reside	ence before odmission)
					MARYLAND	BALT IMORE	Y	
HC	LL NAME OF	(If not in hospital address or location		give street		outside city limits, write l	RURAL and giv	re township)
IN:		ALTIMORE CI						53-00
	of I	940 EASTERN				If rural, give location)		
	/ В	ALTIMORE, M	ARYLAND	21224	3175 BAYBRI	AR ROAD - :	21222	
	MALE	WHITE	WIDOWE	, NEVER MARRIED D, DIVORCED (specify) RRIED	8/8/08	9. AGE (In years lost birthday) 58		Yr. If Under 24 Hrs.
		ATION (Give kind of work king lite, even if retired)	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN WHAT	COUNTRY?
-	aleman		St	eel	PENNSYLVANIA		J.U.S.	. A
13. FA	ATHER'S NAME	D. Int. Doz	-		14. MOTHER'S MAIDEN N			
		RALPH PRI	NKEY		GOLDIE (DECE	ASED)		
		er in U. S. Armed For- yes, give wor or dote		16. SOCIAL SECURITY NO. 191-05-9979	RECORDS: BCH, 4	,940 Eastern		DRESS Lto.Md.2122/
16	3-41	/ /		CAUSE O	F DEATH			ERVAL BETWEEN
		OR CONDITION DIR	ECTLY	0		u-, 3		SET AND DEATH
		ADING TO DEATH	1 .	(A) (can regative	septicenua	Ph	5 days.
h	eort foilure, os	meon the mode of thenio, etc. It meons	the diseose	DUE TO	eam regative			
i		cotion which coused	deoth.)	Su.	all bound	inchemia.		
١.		TECEDENT CAUSES		DOL 10		to the State Section of the Section		
ri	ise to the	obove couse (A)		(C)	ASCUD.			
2 1	TO THE DEA	ANT CONDITIONS C	TED TO TH					
CA	PA. DATE OF O	PERATION CAUSING I		WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CO	NSIDERED
意	118 6/	WAS PERI	ORMED		· VEC	IN CERTIFYING CA	USES OF DEA	TH?
_ 0	A ACCIDENT	WAS UNDERLYING TO	21! hor	me, form, foctory, street, of	n or obout 21 C. WHERE DID fince bidg., INJURY OCCUR?	(If in Boltimore	City, give ex	roct location)
U	EATH (notify m		etc					
30	F INJURY	Aonth) (Doy) (Year)		E INJURY OCCURRED hile At Not While	21F. HOW DID II	NJURY OCCUR?		
1	APPROX.)			ork At Work				
2:	2. I certify the	ot XX) (this hospito!) ottended	the deceased from	6/18	19 67 to	6-27	19.67
11	hat 🛍 (we) la	st saw the decease	d olive an.	6-27	19 67 and	that in(my) (aur) api	nion death a	ccurred on the date
a	nd hour ond fi	rom the causes stat	ed abave. ((1) (We) (did) (did nat) v	iew the bady after death	١.		
23	3A. SIGNATURE	010	1.1				23 B. DATE SI	
	6	& Judell	MAD	M.D. Atte	minding Med. Director	Stoff Phys. X	6 -	27-67
23	NAME (Type	1//	T			MORE CITY HOS		
		VA. J. GIL	لل	M.D.	4940 Eastern	Avenue, Balt	imore, 1	Md. 21224
	BURIAL CREMA	TION, 248. DATE	24C. N	AME of CEMETERY of CRI	MATORY 24D.	LOCATION (Ci	ty, town, or co	ounty) (Stote)
-	rial	6/30/67	Me	adow Ridge Cem	eterv	Elkridge. Md		
25A.	DATE REC'D BY	HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECT			ADDRESS
	Jl	JN 30 1967 (Robert	E. Stanker MA	Ullrich Fun	eral Home Dun	dalk, M	d.
VS 15	0-REV. 1/1/65							

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-3



	6273 CERTIFICA	Y HEALTH DEPARTMENT ATE OF DEATH Res	istered Na. 67 62	273
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOU	R OF DEATH	
(Type or Print Callerine Herry	Celdt	6.24	67 1	0.30 A.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLANE		4. USUAL RESIDENCE (Where deceded A. STATE B. COUNTY	sed lived. It institution: residence	befare admission)
FULL NAME OF (If not in haspital ar instit HOSPITAL OR oddress or lacotion) INSTITUTION	ution, give street		limits, write RURAL and give t	pwnship)
35 Church Have a	Home 10	D. STREET ADDRESS (If rural, gi		
church from 4	11 orpital	3122 Cheste	rfield ave	
- 14.7 WIE	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	SULY 15, 1893	(In years If Under 1 Yr. Months Days	If Under 24 Hrs. Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108. KI		11. BIRTHPLACE (State or foreign cour	12. CITIZEN OF	INITRY2
AT HOME		MARY LAND	2.5	
3. FATHER'S NÂME		14. MOTHER'S MAIDEN NAME		
ANTON AIRNO	16. SOCIAL	IDA RETN	OLDS ADDR	FSS
5. Was Deceased Ever in U. S. Armed Farces? 'es, na ar unknawn) (If yes, give war ar dates af se		17. INFORMANT	ADDK	233
11/0	214-01-7520	3 HERMAN HOMP	-ZDT 3/22 CH	STERFIEL
18. 2.60 XI	CAUSE	OF DEATH	INTERV	AL BETWEEN
DISEASE OR CONDITION DIRECTLY	1	Interio selustri Diabetis mel	Heart Di	· 1 22
(This does not meon the mode of dying,	e.g., DUE TO	new secret	Marin general	00000
heart failure, asthenia, etc. II means the di	seose,			
injury or complication which caused deoth.	(B)	1) ighetin mel	ins.	
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any,				
rise to the above cause (A) stating UNDERLYING CONDITION last.) the (C)		• • • • • • • • • • • • • • • • • • •	*******************
- 11				
OTHER SIGNIFICANT CONDITIONS CONTRII TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING Diabetes	mellitin;	J#	
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na) 20B.	IF YES, WERE FINDINGS CONS ERTIFYING CAUSES OF DEATH	IDERED ?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet)	21 B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in ar about 21C. WHERE DID affice bldg., INJURY OCCUR?	(If in Baltimare City, give exact	lacation)
21D. TIME (Manth) (Day) (Yearl (House	21E. INJURY OCCURRED	21 F. HOW DID INJURY O	CCUR?	
₩ OF INJURY (APPROX.)	While At Not Wh			
(APPROX)	Wark At Work		1 2 1	13
22. 1 certify that (1) (this haspital) atter	ided the deceased fram	6-2 1967	10 6-24	19 -
that (I) (we) last saw the deceased aliv	e an 6-24	19 67 and that in (ny) (aur) opinian death acc	urred an the date
and haur and fram the causes stated abo	ave. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGN AT URE	^		23B, DATE SIGN	IED
Andilia m	M.D. A	ttending Med. Stoff Phys.	6-29	1-67
22C BHYSICIANS	· Mary	23D. ADDRESS	9-97	
23C. PHYSICIAN'S NAME (Type)	/ . :	00 11/	my of Hoson.	
Kodelio M.	LIM M.C	eturch Har		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of C	REMATORY 24D. LOCATIO	(City, fawn, or count	y) (Stote)
BURINI 6/25/19	MADELANA	PARU PARU	Will h MM	
25A, DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAL	25C. FUNERAL DIRECTOR	AL AL	DDRESS
UIN 30 1967 A 0	Br E Stanbaute	ULLRICH FUNE	12K) 42h 1/7	-16 BELAN
JOH OF 1901 (195)	SUN TO THE	COURTER FONE	KIL MUITE 92	10 //4/1/11
S 150-REV. 1/1/65				



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FUNERAL DIRECTOR: IMPORTANT	frac frac frac em
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	ical tal ns; (s iciar as i
AL	med nedic burr hysi n w
ZER	a r ody he p sicio
2	by by 2) B re t phy fore
	whe No
	hosp hosp natu ept (6)
	propriety in y and and obto
	of of of tal (th);
	dea dea dea mus
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	sed an age
	nis con power as E
	サポルション

BIRTH NO.	67	7 62	BALTIMORE CITY	TE OF DEATH	Registered Na	67 6274
M.E. CASE NO.			CERTIFICA		D HOUR OF DEATH	
(Type or Print)		am John	Neibuhr		e 24, 1967	10:26 P.M.
3. PLACE OF D	DEATH IN BALTIMORE, MA	RYLAND			e deceosed lived. If	institution: residence before odmissio
FULL NAME HOSPITAL O	R oddress or location		give street	Maryland		RURAL ond give township)
	1109 Steelton	Ave.		Baltimore		26-51
00				D. STREET ADDRESS (If r	ton Ave.	
Male	6. RACE White	Mar	NEVER MARRIED D. DIVORCED (specify) ried	Jan. 26, 1906	9. AGE (In years lost birthday) 61	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	CUPATION (Give kind of work of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
Rivete		Ship	yard	Maryland.		MES U.S.A.
3. FATHER'S N	AME			14. MOTHER'S MAIDEN NAM	AE	
Will:	iam H. Neibuhr			Elizabeth Hol	lzworth	
5. Was Deceas	ed Ever in U. S. Armed For wn) (If yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	with the yes, give wor or object	3 01 3614106/		Mrs. Betty Neib	uhr, 1109 S	Steelton Ave.
1B. 5 6			CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIE	RECTLY	0-1	1	Juno	one day
	nal meon the mode of		(A) Card	io-pulmonary Fai	Llure.	one day
	e, aslhenio, elc. Il meons omplication which caused					
	ANTECEDENT CAUSES			nic Pulmonary En	mphysema,	10 years
DISEASES	OR CONDITIONS, if	ony, giving	DUE TO			
rise ta	the above cause (A)		(C)			
UNDERLII	NG CONDITION lost.					
E TO THE	II SNIFICANT CONDITIONS C DEATH BUT NOT RELA DR CONDITION CAUSING I	TED TO TH	Genera TEF	lized Arterio-Sone	clerosis.	
	OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING DEUTING CAUSE OF tify medicol exominer	21 B hom etc.	ie, form, foctory, street, of	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimo	re City, give exoct location)
21 D. TIME	(Month) (Doy) (Yeor)		INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
(APPROX.)		Wh	ile At Not While	е		
22. I certi	fy that (1) (this haspital			7. 1	963 to June	12, 1967
that (I) (w	e) last saw the decease	d alive an	June 12,	19 67 and the		oinian death accurred an the
		red abave. (1	l) (We) (did) (did nat) v	iew the bady after death.		
23A. SIGNA	LIUKE /	10	1. mo	ending Med.	Stoff	23B, DATE SIGNED
. 0	regulan /	Vua	Phy	s. Director	Phys.	June 27, 1967
23C. PHYSIC NAME	(Type)	133		23D. ADDRESS		
	Stephen K.	Padussi	M.D.	6511 0'Donnell	St.,	
24A. BURIAL C	REMATION, 248. DATE		AME of CEMETERY of CRI	MATORY 24D. LC	CATION	City, town, or county) (State
Burial		3, 1967	Lammada	7	Woodlawn, M	id.
25A. DATE REC	D'D BY HEALTH DEPT.	258. NAME (OF REGISTRAR	25C. FUNERAL DIRECTOR	,	ADDRESS
	JUN 30 1967	R. Bak	L. Jankey M.	Ullrich Funer	al Home Du	ndalk, Md.
VS 150-REV 1/	11/46	The sale of the sale of				



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

· INSC. ACT. tt. 5, 1 a 70 . C. J. 1 The same of the sa

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- District Control of Cartering Control of Last Tracket Control of
| | | | | BALTIMORE CIT | Y HEALTH DEPA | RTMENT | | CM | COM | pay |
|-------------|--|--|------------------------|--|--|----------------------|------------------------------------|-----------------------|-------------------------|---------------|
| BIR | TH NO. | 67 | 6277 | CERTIFIC | ATE OF D | EATH | Registered No. | 67 | 627 | |
| | E. CASE NO. | EASED | | | | 2. DATE AN | D HOUR OF DEATH | | | |
| (Ту | pe or Print) | JOSEPH | KA | LIN | | Tuno 9 | 5 1967 | 1 | 11:15 | P M. |
| 3. | PLACE OF DE | TH IN BALTIMORE, MA | | | 4. USUAL RESI | DENCE (When | 25,1967
e déceosed lived, If in | stitution; re | sidence befo | re odmission) |
| | FULL NAME OF
HOSPITAL OR
INSTITUTION | F (If not in hospital
address or location | | ive street | Marylar
c. CITY OR TO | nd
WN (If aut | side city limits, write | RURAL and | give tawnst | nip) |
| 4 | 10 | | | | D. STREET ADD | ORESS (If i | rurol, give locotion) | | | |
| 1 | Bolton + | Iill Nursing | Home. | | Bolton | Hill No | ursing Home | | | |
| - Annahaman | SEX | 6. RACE | 7, MARRIED, | NEVER MARRIED | 8. DATE OF BIR | TH | 9. AGE (In years | If Under | 1 Yr. If U | Jnder 24 Hrs. |
| | Mala | White | | , DIVORCED (specify) | Oct 19 | | last birthday) | Mullins | Days Hadi | rs Min, |
| | | White JPATION (Give kind al wor | 10B. KIND OF | BUSINESS OR INDUST | TY 11. BIRTHPLA CE | (Stote ar forei | gn country) | 12. CITI2 | EN OF | Y2 |
| | Pattern | warking tite, even il retired) | Facto | An ex | Raltim | ata Mai | hu land | WH. | USA | |
| 13. | FATHER'S NAM | AE | I racco | ny | Baltimo | MAIDEN NAA | AÉ | | usn | |
| | D 1 1. | V 0 * | | | 7 | 0' | | | | |
| 15. | Was Deceased | Ever in U. S. Armed Fo | rces? | 1 6. SOCIAL | Jennie
17. INFORMANT | Siegel | | | ADDRESS | |
| (Ye | s, no or unknown | (If yes, give wor or dote | es of service) | SECURITY NO. | | | | | | # |
| - | No | | | INKNOWN | | pin Kal | in, 4537 Pi | | | /5 |
| | 1B. 26 | 2 X I | DECTIV | CAUSE | OF DEATH | | | | INTERVAL B
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| | DISEA | SE OR CONDITION DI
LEADING TO DEATH | KECILT | h | emiplegia | , left a | ide | 86 | veral | mos. |
| | | nat mean the mode of | | DUE TO | | ********* | ************** | | | |
| | | asthenio, etc. It means
uplication which caused | | | e C 11 D | | | se | veral | mos. |
| | | ANTECEDENT CAUSES | | (B) | .s.c.v.D. | | | | | |
| | DISEASES C | OR CONDITIONS, if | any, giving | | LABETES M | LLITUS | | 2 | | |
| | | a above cause (A) G CONDITION lost. | staling the | (C) | | | | | | |
| | ONDERCHIN | | | | | | | | | |
| ATION | OTHER SIGNI
TO THE D
DISEASE OR | FICANT CONDITIONS (EATH BUT NOT REL. CONDITION CAUSING | ATED TO THE | | | | | | | |
| ERTIFICATIO | 19A. DATE OF | | DITION FOR W | HICH OPERATION | 20 A. AUTOPS | Y? (Yes ar Na | 208. IF YES, WERE IN CERTIFYING CA | FINDINGS
USES OF I | CONSIDERE
DEATH? | D |
| CALC | OR CONTRIBU | NT WAS UNDERLYING [
JTING] CAUSE OF
medical examiner) | 21 B.
home
etc.) | PLACE OF INJURY (e.g.
e, farm, factary, street, | , in or obout 21 C. W
office bldg., INJUR | HERE DID
Y OCCUR? | (If in Baltimas | e City, give | e exoct locol | tion) |
| EDI | OF INJURY | (Month) (Day) (Yeor) | | INJURY OCCURRED | | OM DID INT | URY OCCUR? | | | |
| 2 | (APPROX.) | | Whil | k Not W | | | | | | |
| | 22. I certify | that (1) (this hospita | I) ottended th | e deceased from | 5-8-67 | | 9to | 6-25- | 67 | _19 |
| | | lost sow the decease | | 6-24-67 | 19 | | ot in (my) (our) op | inion deot | h occurred | |
| | ond hour one | d from the couses sto | ted obove. (I) | (We) (dfd) (did not) | view the body o | fter deoth. | | | | |
| | 23A. SIGNATI | | D | | | | | 23B, DAT | E SIGNED | |
| 1 | - | Ella rite | | M.D. A | ttending A | Med.
Director | Stoff
Phys. | 6-2 | 6-67 | |
| | 23 C. PHYSICIA | IN'S | (/00 | | 23D. ADDRESS | THE COLOR COLOR | 111/31 [| | | |
| | NAME (T | | 141 " | 0 t | 0. 0.424 41 | . A D 1 | Accesses | | | |
| 24 | A. BURIAL CRE
REMOVAL (| | 24C. NA | COOK
ME of CEMETERY OF C | | 24D. LO | AVENUE (C | ity, town, o | ı county) | (Stote) |
| | Burial | BY HEALTH DEPT. | 7 Be | th Jacob (Vec | cair) | | Rosedale, | Marylo | ınd | |
| 25 | A. DATE REC'D | JUN 30 1967 | 258. NAME O | REGISTRAR | 25C. FUNERA | AL DIRECTOR | | | ADDRES | |
| 1/15 | 150-REV. 1/1/ | | Whitery | 2, 4247 | Sol Le | uenson | & Bros. Inc | ., 601 | U KELS | Le, Kue |
| A 2 | 130 = NE V . 1/ 1/ | 0.0 | | | | | | | | |

	H NO.	6	7 62	BALTIMORE CITY 78 CERTIFICA			Registered Na	67 6278
1, N.	AME OF DEC					2. DATE AN	27, 1967	8:25 A
C	ULL NAME OF STITUTION	TFICATE OF THE NOTION OF THE N	or institution, on instracti	on Hospital	4. USUAL RESIDA. STATE Maryla C. CITY OR TOV Baltim D. STREET ADD	nd wn (If ou	re deceosed lived. If ATY tside city limits, write	institution: residence before admission Balto-Constitution: RURAL and give township) 3 - 00
0		900 Loch Rave		vard 21218			ok Drive. A	10 t A
5. SI		6. RACE	7. MARRIED,	NEVER MARRIED , DIVORCED (specify)	7/12/98	Н	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
θÀ. one	during most of	UPATION (Give kind of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY ostal Service	11. BIRTHPLACE	(State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	Harris Harris Harris	ochuman Schuman			14. MOTHER'S M	AAIDEN NA	me Sara K	
ies,	Nas Deceased ,no or unknow	(It yes, give wor or dote	es of service)	SECURITY NO.	17. INFORMANT			ADDRESS
	Yes IB. S S DISEA	3/26/17-6/4/ 7 / I SE OR CONDITION DIL LEADING TO DEATH		548-12-2772 CAUSE OF		ital Re	ecords, Bal	interval Between onset and Death
	DISEASES (astherio, etc. It means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost.	ony, giving	DUE TO	vere Emph			Years - unknown 20 years
ALICA	TO THE D	FICANT CONDITIONS C PEATH BUT NOT RELA CONDITION CAUSING	ATED TO THE					
RTIF	D	WAS PER	FORMED	VHICH OPERATION	NO	(? (Yes or No	20B. IF YES, WERE IN CERTIFYING C.	E FINDINGS CONSIDERED AUSES OF DEATH?
0	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medicol exominer	21 B. hom etc.)	PLACE OF INJURY (e.g., in e, torm, foctory, street, off	or about 21 C. WI fice bldg., INJURY	OCCUR?	(If in Boltimo	ore City, give exact location)
5	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED Not While At Work		M DID INI	URY OCCUR?	
	that (/) (we) and haur an	last saw the deceased from the causes sta	ed alive an	June 27th (We) (did) flifd/nfo// v	19 67	and th		ne 27th 19 67 Dinian death accurred an the da
	23A. SI TATU	ln V.Ja	his	Phys		ed.	Stoff Phys.	June 27, 1967
	NAME (JOHNSON					ration Hospital
4A.		MATION, 248. DATE		ME of CEMETERY OF CRE				City, town, or county) (State)
5A.	Burial Bate Recid	6/28/6	25B. NAME O	wish War Vete	25C. FUNERA			Maryland ADDRESS ., 6010 Reist., Rd

Letter from Veterans Administration Hospital . 8-8-67 M.H.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Merchant Carthane Union Monneal Horpelal 2217 Course Courter Blad . Make White Muserd Hours See U.S. W. Ethe Hermonton Alfred Lehman Policet chart and the second s Return on the second second acute Sufaction of left in the color ayes yes

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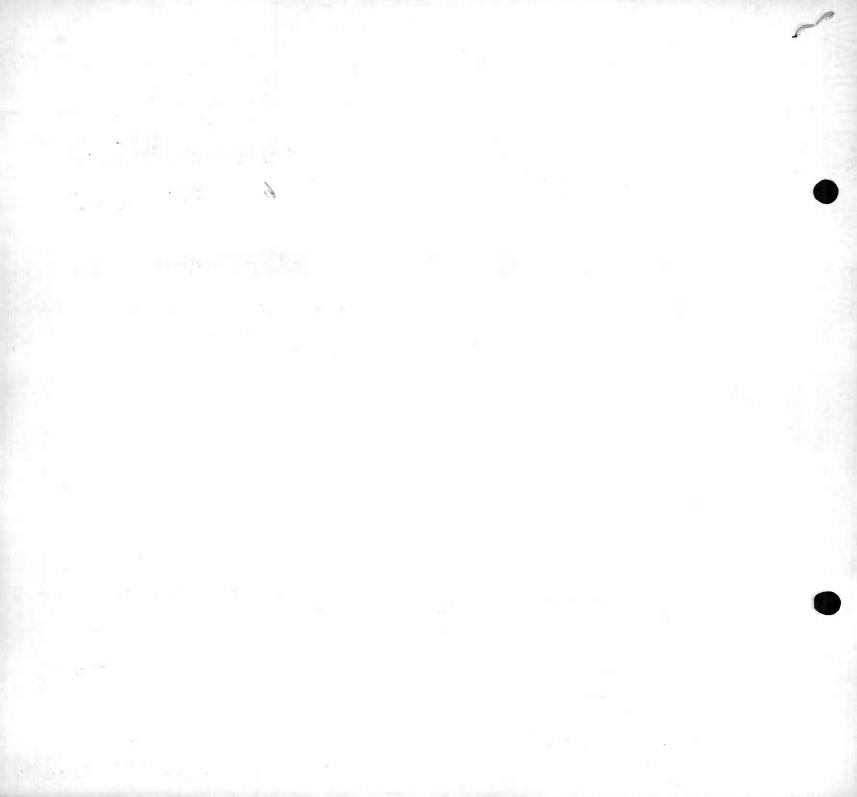
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VS 150-REV, 1/1/65



BIRTH NO. M.E. CASE NO.	67	6282		TE OF DEATH	Registered Na.	67 6282
1, NAME OF DE			Hornbeck	June 4. USUAL RESIDENCE (WE A. STATE B, COU	INTY	Notifution: residence before admission)
FULL NAME HOSPITAL OR INSTITUTION		nore St		Baltimore	outside city limits, write I If rurol, give location)	RURAL and give township -65
5. SEX Female	6. RACE White	WIDOWE	, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH Jan. 28, 1896	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min,
10A. USUAL OCC done during most of House	UPATION (Give kind of world working lite, even if retired) Wife			11. BIRTHPLACE (Store or fo	reign country)	12. CITIZEN OF WHAT COUNTRY? U. S. A.
3. FATHERS NA Clin	ton Simmons			Sidney R.		
15. Was Decease (Yes, no or unknow	d Ever in U. S. Armed For n) (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	Mrs. Sibil M	cFarland 1526	ADDRESS Church St. 21225
18. DISEA	SE OR CONDITION DI	RECTLY	CAUSE O		and with	INTERVAL BETWEEN ONSET AND DEATH
heort failure	not meon the mode of , osthemo, etc. It meons mplicotion which coused	the diseose,	DUE TO	of Certiful	Just)	
iise lo Il	ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) G CONDITION lost.					
TO THE I	III IIFICANT CONDITIONS COEATH BUT NOT RELA CONDITION CAUSING	TED TO TH	1E			
19A. DATE O	F OPERATION 198. CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes or I	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	218 hor etc	ne, form, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Bottimore	e City, give exoct locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		hile At Not While At Work	21F. HOW DID IN	NJURY OCCUR?	
that (I) (we) lost saw the decease	d olive an				6-29-67 19 nian death accurred an the da
23A. SIGNAT	IN M P	Sets les	M.D. Atte	ending Med. Director	Stoff Phys.	23B DATE SIGNED 6-29-67 e, Balto. 26.
24A. BURIAL CR REMOVAL	EMATION, 24B, DATE		AME of CEMETERY OF CRE	MATORY 24D.		ity, town, or county) (State)
Remo	DV81 6/29/ D BY HEALTH DEPT. JUN 3 0 1967		Mt. Union Ceme	28C. FUNERAL DIRECTS	Buckhannon V ineral Home	Patapsco Ave at
VS 150-REV. 1/1	/65					

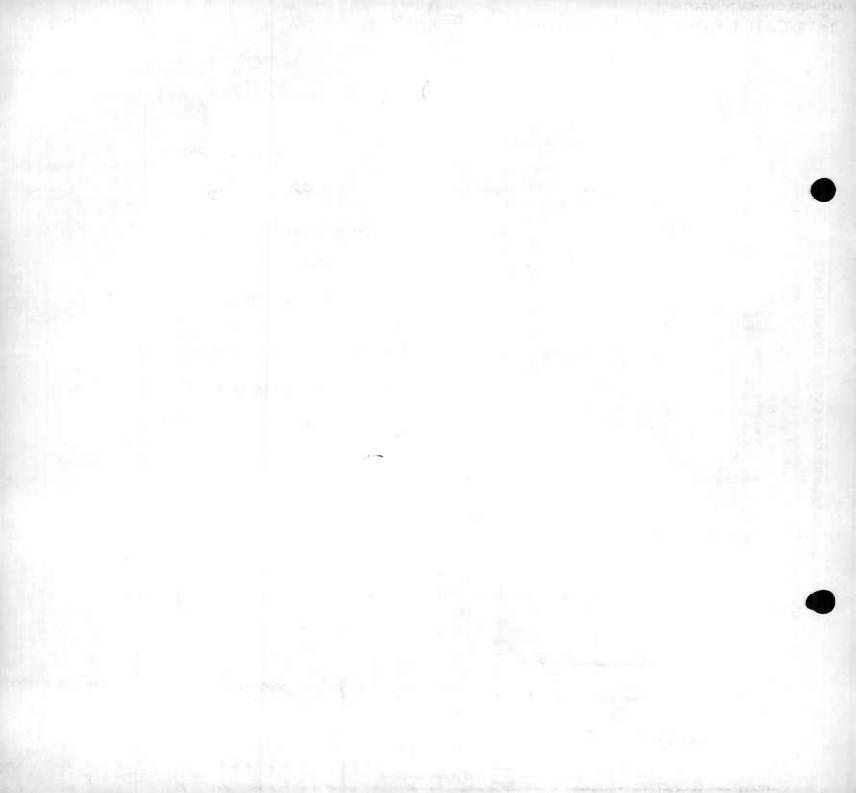
IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



67 6	284 BALTIMORE CITY	HEALTH DEPARTMENT		70 /
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	52 6
M.E. CASE NO.			HOUR OF DEATH	6/ 6284
(Type or Print)				4 35
Charles Jones		6/29/6	(>:15 A
. PLACE OF DEATH IN BALTIMORE, MARYLAI	ND	A. STATE B. COUNTY	deceased lived. It in	stitution: residence before odmission
FULL NAME OF III not in hospitat or ins	titution, give street	Mel		6-04
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outside	le city limits, write I	RURAL ond give township)
INSTITUTION				9
		D. STREET ADDRESS (If rure	ol, give location)	
Belten Hill Nursing & Co	nvalescent Cto.		T	
		1808 Mosher St.		
	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)		AGE (In years	Months Doys Hous Min.
		7/37/3000	66	
DA. USUAL OCCUPATION GIVE kind of work 10 B.	KIND OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF
one during most of working file, even if retired)				WHAT COUNTRY?
Handeman He	tel Handyman	Virginia		U.S.
B. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(es, no or unknown) (It yes, give wor or dates of	SECURITY NO.			
	2 15-09-5092A	James JONES	4802 1	VILVON AVP.
18. pf 1		F DEATH	10 - 1	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTL				ONSET AND DEATH
LEADING TO DEATH		gestive heart	Podlima	l vr
(This does not mean the mode of dyin		ECHOTAC HEAT P	ratinie	
heart failure, asthenia, etc. It means the	diseose,			
injury or complication which caused death	1.)	.C.V.D.		acronol man
ANTECEDENT CAUSES	(B) A • D	. O . V . D .		several yrs.
DISEASES OR CONDITIONS, if ony,				
rise to the obove couse (A) stoli				
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING	THE PARTY OF THE	TOTES O	
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE	PERTROPHIC ART	RITIS.	sev. yrs.
	N FOR WHICH OPERATION	20 A. AUTOPSY? IYes or No.	20B. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
19A. DATE OF OPERATION 198. CONDITION WAS PERFORM	ED	200	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY le.g., i	n or obout 21 C. WHERE DID	III in Baltimare	City, give exact lacotion)
, OR CONTRIBUTING CAUSE OF	home, larm, loctory, street, o	lfice bldg., INJURY OCCUR?	• • • • • • • • • • • • • • • •	
DEATH Inotify medical examiner	e1C./			
21D. TIME Month) Doy) Year) (Ha	ur) 21E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
OF INJURY (APPROX.)	While A1 Not Whil	е		
	Wark At Work			
22. I certify that (1) (this hospital) atta	ended the deceosed from	8-3-66 19	to Jur	ne 29, 1967
that (I) (we) lost sow the deceased oli	ve on Jun	e 279 67 and that	in (my) (our) oni	nion death occurred on the do
			(,, (,)	The desired on the de
and hour and from the causes stated o	bove. (I) (We) (dld) (did not) v	riew the body ofter deoth.		
23A. SIGNATURE				23B. DATE SIGNED
P///5.007/	CITTLE M.D. Atte		ys.	6 29-67
23C. PHYSICIANS		23D. ADDRESS		
NAME (Type)				
E. ELLSWORTH COOK	M.D.	2431 Maryland	d Ave. Es	alto 21218 Md.
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOC	ATION (Ci	ty, town, or county) Stote)
REMOVAL ISpecily) 7-3-17	NI 1	BA	LTO. A	ld.
PURIA 1 3 bl	17t. Huburi	V LEM.	- 1	
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	/ 11	ADDRESS
JUN 3 0 1967 AR	Don & E. Jankey MA	Kelson Funera	Hono	1346 Calhoun 2
\$ 150-PEV 1/1/65		TIC TOOK I WAYE GO	1 121100	1010

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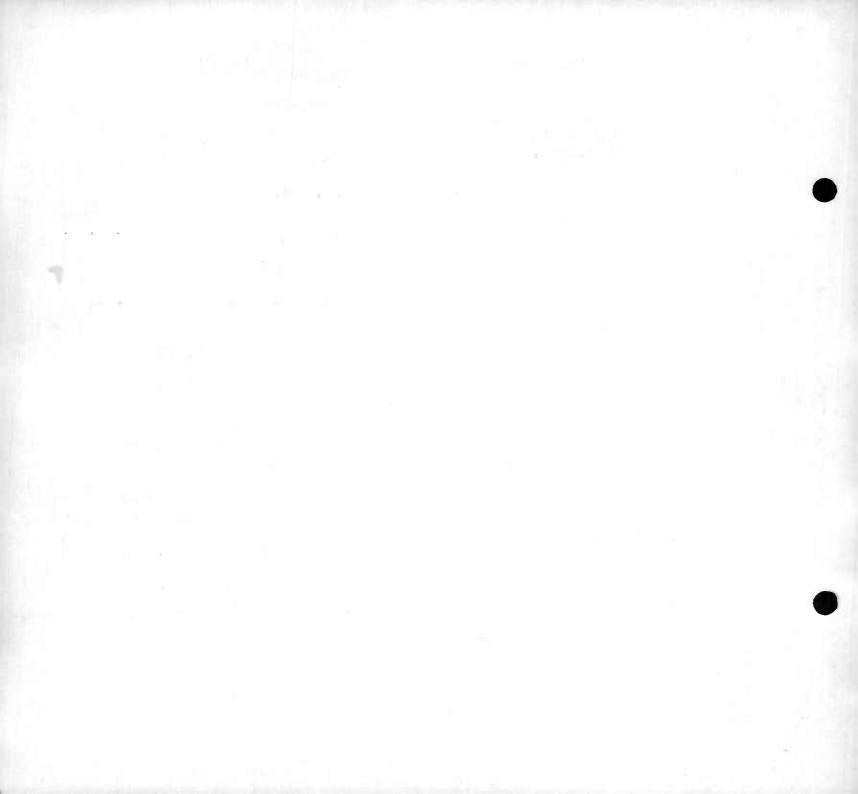
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	O PM	BALTIMORE CITY	HEALTH DEPARTMENT		67 6285
BIRT	н но. 6/	6285 CERTIFICA	TE OF DEATH	Registered Na.	01, 0200
	AME OF DECEASED			HOUR OF DEATH	
	e or Print) MARCUSOS	Shaw	Z, DATE AND	28/13	5:130 0
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	011/1-5	4. USUAL RESIDENCE (Wifere	deceosed lived. If i	institution: residence before admission)
ш			A. STATE B. COUNT	Y	α
- 1	FULL NAME OF (If not in hospital or institution oddress or location)	ition, give street	C. CITY OR TOWN (If outs	ide city limits, write	RURAL ohd give township)
	NSTITUTION		Ba160.	ide city mints, with	ROKAL ONG GIVE TOWNSHIP
K				urol, give location)	0800
٥.	Cears. 9 md	1/3820	Oloza MAN	OR NUKS.	inc House
5. \$	EX 6. RACE 7. MAR	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9	. AGE (In years	If Under 1 Yr II Under 24 Hrs.
	M C WID	OWED, DIVORCED (specily)	Sent. 31.1893	ost birthday	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
done	during most of working life, even il refired)		N.C.		WHAT COUNTRY
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A F	asif
	31	~		/	
	Heary Shar	V	SANWI	1	
15. \ (Yes	Was Deceased Ever in U./S. Armed Forces? ,,no grunknown)(II yes, give wor or dotes of serv	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	Yes WWI	216-10-3787	Nonman	ewy 5h	1 111 whitmus
	18.44 9.3 X	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	(4)	NEURONIN		12000
	(This does not mean the made of dying, heart failure, asthenia, etc. 1) meons the dis	U.g.,			
	injury or camplicolian which coused deoth.)	eose,			
	ANTECEDENT CAUSES	(B) DUE TO		*******	
	DISEASES OR CONDITIONS, if any, g				
	rise to the above couse (A) stoling				
	UNDERLYING CONDITION Iosi.				
z	11	1171110			
ATIOI	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO				
CA	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A AUTOREY2 (Vac at Nati	208 IE VEC WERE	FINDINGS CONSIDERED
ERTIFIC,	WAS PERFORMED		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	AUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimo	re City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, larm, loctory, street, of	fice bldg., INJURY OCCUR?		- 71 5
0					
MEDI	OF INJURY (Month) (Doy) (Yearl (Hourl		21F. HOW DID INJU	RY OCCUR?	
<	(APPROX.)	While At Work Not While At Work			
	22. I certify that (I) (this haspital) attend	ded the deceased from	6/16 10	9 67ta C	128 19 6
	that (I) (we) last saw the deceased alive	16:	4	-	inian death accurred an the dat
				Till(my) (ddi) dp	
	and have and from the causes stated aba	ve. (I) (We) (did) (did nat) v	iew the bady after death.		
	23A. SIGNATURE	M.D. Alle	ending Med.	Stoff -	23 B. DATE SIGNED
	TP. 1 OSKOS	Phy	s. Director i	Phys.	6/28/67
i	23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	, 1	
	97. 10sce	5 M.D.	Ceni	1. /fo.	2
24A	BURIAL CREMATION, 248. DATE 2	4C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (S	Sily, town, or county) (State)
	REMOVAL (Specify)	D. Aml	11 11-	2	Red
75 4	DATE SECTO BY HEALTH DEST	GALTO, / YITT	L. CEM.	CALTO.	IVa.
23A	LIN 30 1967	ME OF REGISTRAL	25C. FUNERAL DIRECTOR	11	ADDRESS AL
	JOH 20 1201 AIPE	MA CI MANNAN IN	KELSON I-UNERA	LHOME /	248 CALHOUN ST
VS	150-REV. 1/1/65				



BIRTI	H NO.	(57	6286 CERTIFICA	TE OF DEAT	NT TH	67 6286
1. N/	CASE NO. AME OF DECE e or Print)		Whye		2. DA	TE AND HOUR OF DEATH	11 P A. M
3. PI	LACE OF DEA	TH IN BALTIMORE, M	ARYLAND		4. USUAL RESIDENCE	(Where deceased lived, If i	nstitution: residence before odmission)
H	ULL NAME OF IOSPITAL OR ISTITUTION	oddiess of tocoh Providen 1514 Div	t Hosp	ital	Maryla c. city or fown Baltim	(If outside city limits, write	RURAL ond give township)
14		-		yland 21217	D. STREET ADDRESS	(If rurel, give location)	
5. \$1	EY	6. RACE	7 AAADD	IED, NEVER MARRIED	B. DATE OF BIRTH	esstman Stree	If Under 1 Yr., If Under 24 Hrs.
F	emale	Negro	Ma	wED, DIVORCED (specify)	May 10, 190	2 lost birthdoy) 65	Months Doys Hours Min.
		PATION (Give kind of wo orking lile, even if retired		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
					Maryland		U. S. A.
13. F	ATHERS NAM		3		14. MOTHERS MAIDE		
		John (oard	ner	ERRI	etta	200
15. V (Yes,	Vos Deceased ,na ar unknown)	Ever in U. S. Armed F (If yes, give wor or do	orces? tes of servi		17. INFORMANT		ADDRESS
				215-22-2606	Roger Whye	-husband	same
	(This does no heart foilure, o injury or com	E OR CONDITION D LEADING TO DEATH of mean the mode of asthenio, etc. Il meor plicotion which cause INTECEDENT CAUSE	d dying, is the dise id deoth.)	Acu		ROIAL FALLUR	
ATION	OTHER SIGNIE	above couse (A CONDITION lost, II FICANT CONDITIONS ATH BUT NOT RE	CONTRIBU	TING			
ERTIFIC	19A. DATE OF		NDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Ye	s or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
0	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medicol exominer)		21B PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE INJURY OCC	DID (If in Boltimo UR?	ore City, give exoct locotion)
X	21 D. TIME OF INJURY (APPROX)	(Month) (Day) (Yea	i) (Haur)	21E, INJURY OCCURRED While At Not Whi Work At Work	le [ID INJURY OCCUR?	
1		that (I) (this hospit last sow the decea		ed the deceased from $6/27$	6/23	1967 to 6	27 19 7
I 1	23A. MGNATUI	Les L	Ba	e. (1) (We) (did) (did nat) M.D. Att	lending Med.	Staff	23R. DATE SIGNED 6/2-7/67
24A	BURIAL CREA	AATION, 248. DATE	· B/	M.D. MAME OF CEMETERY OF CE	23D. ADDRESS 72 2 EEMATORY	M. Julton (1)	Cive Salf W City, lown, or county) Istotel
25A	Burgia	6-30 BY HEALTH DEPT. JUN 30 1967	258. NA	Bato. Nat ME OF REGISTRAR	25c. FUNERAL DIE Kelson Fu	Ba Ho.	, Nd. ADDRESS 1348 Calhoun S



		67	628	~ /	HEALTH DEPARTMENT		67 6287
	TH NO. E. CASE NO.			CERTIFICA	TE OF DEATH	Registered Na.	UK/O/
1.1	AME OF DEC	TOS. GERTR	UDEA	REID	2. DATE AN 6 27	HOUR OF DEATH	S P.MI
3.		ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (When	e deceosed lived. If	institution: residence befare admission)
	FULL NAME (HOSPITAL OR INSTITUTION	OF (If not in hospital oddress or locatio	or institution, n)	give street			RURAL ond give township)
5	Che	erch Home	& Ho	spital	D. STREET ADDRESS (IF	urol, give location)	62000
_				,	1619 REID	1311	
5. :	F	6. RACE	WIDOWE	NEVER MARRIED D. DIVORCED (specify) ARRIED	8/30/20	46	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		Working life, even if retired)	KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
	ARTTIM		READS	S DRUG CO.	BALTIMORE 14. MOTHERS MAIDEN NAM	MARYLAND	V.S.A.
15.	CHARL Was Deceased	Es VES	LFY	FORREST 16. SOCIAL	DOROTHY	D M00	NEY ADDRESS
Ye	s, no ar unkno w	n) (If yes, give war or date	s of service)	SECURITY NO.			
	NO		_	219-01-5194	DAVE R. REID	5R 16	INTERVAL BETWEEN
	define &	SE OR CONDITION DI	ECTIV	CAUSE	PUEAIN		ONSET AND DEATH
	DISEA	LEADING TO DEATH	RECTET	(A)	Acute Pulmon	row Eden	e Few minutes
		nat meon the made af osthenia, elc. It means		DUE TO	7		e Several years.
		nplication which coused		(Color - hos	· dia.	Grant Wass.
		ANTECEDENT CAUSES		(B)	schime / can	+ cusces	e survey jours
		OR CONDITIONS, if above couse (A)					
		G CONDITION last.	aloning inc	(• / **********************************		******************************	
ATION	TO THE D	IFICANT CONDITIONS CONTINUES CONTINU	ATED TO TH				
0		F OPERATION 198 CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B, IF YES, WERE	FINDINGS CONSIDERED
CERTIF	0	WAS PER	FORMED		NO	IN CERTIFYING CA	AUSES OF DEATH?
CAL CE	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner)	218 hon etc.	ne, form, foctory, street, o	or obout 21C. WHERE DID	(If in Boltimo	re City, give exoct locotion)
EDIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
ξ	(APPROX)	The second secon	WH	nite At Not Wbil	e		
	22. L certify	that (1) (this basaita		he deceased from	6195/17 1	9 to	127/67 19
) lost sow the decease		0/0-/0-	1.0/0/		inian death occurred an the date
					iew the body ofter deoth.	()	and down occorred an me goto
	23A. SIGNATI		1	Tal	Tew The body offer deoffi.		238. DATE SIGNED
		HOA 1	de	M.D. Atte	ending Med. Director	Stoff Phy s.	6/97/67
	23C. PHYSICI		17		23D. ADDRESS	rny s. µ	10/2//0/
	NAME (KE-PDY	100	PRTIZ- M.D.	CHURCH HO	3 44 67 - 1 13	2 = 0
24/	BURIAL CRE	MATION, 248, DATE	/ 24C.N	AME of CEMETERY OF CR		OCATION (C	City, town, or county) (State)
-	REMOVAL	W	1963 GA	DATALE	EA . 7	4.15.00	40
25/	A. DATE REC'D	BY HEALTH DEPT.	1	COENS OF	25C. FUNERAL DIRECTOR	91-TO CO	ADDRESS
		JUN 3 0 1967	Resolution	E. Stensey MA		00'S INC	7110 BELAID RO.
VS.	150-REV. 1/1/	65	A COLUMN TO SERVICE STATE OF THE PERSON AS A SERVICE STATE OF THE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100	/ 1 / 2 / 2 / 2 / (/ (/ ())



BIRTH NO. M.E. CASE NO.	(628	CERTIFICA	TE OF I	DEATH	Registered Na	67, 6288
1.NAME OF DEC	CEASED TI CIT	В	KNII	OTO.		28, 1967	1
3. PLACE OF DE	ATH IN BALTIMORE, MA		VIITI		SIDENCE (When	e deceased lived. If in:	stitution; residence before admissio
FULL NAME OF HOSPITAL OR INSTITUTION	p ital	Maryland C. CITY OR TOWN (If outside city limits, write RURAL ond give township) Baltimore - 21214 D. STREET ADDRESS (If rural, give location) 2523 Hamilton Avenue					
5. SEX	6. RACE	7. MARRIED, NEV	ER MARRIED VORCED (specify)	B. DATE OF B		9. AGE (In years last bighday)	If Under 1 Yr. If Under 24 Hr Months Days Hours Min.
Female	White	Widowe	d	Oct. 3	,1876	90	
	UPATION (Give kind of work working lile, even if retired)	10B. KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLA	CE State as farei	gn country)	12. CITIZEN OF WHAT COUNTRY?
House	wife	at Hom	e	Bal	timore,	Maryland	USA
13. FATHER'S NA	ME	•		14. MOTHER	MAIDEN NAM	WE	
Wa		Emma Hunter					
15. Was Deceased (Yes, no al unknow NO	d Ever in U. S. Armed For n) (If yes, give war or date	s of service)	social SECURITY NO. -09-59241	Mr. C.		Knipp-25	Address 23 Hamilton Ave
(This does heart failure, injury or con DISEASES rise to th	SE OR CONDITION DIF LEADING TO DEATH nol mean the made of , osthenio, etc. II meons mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) G CONDITION last,	dying, e.g., the disease, death.)	(B) CALL DUE TO (C) CL	elmono -Vasci Vier	elor Hyps Leros	Henrine Disa	10 years
TO THE DISEASE OR	IIFICANT CONDITIONS CONDEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PER	TED TO THE T.	H OPERATION	20 A. AUTO	PSY? Yes or No) 20B. IF YES, WERE F	FINDINGS CONSIDERED
19A. DATE O	NT WAS UNDERLYING		CE OF INITIPY IS A	n or about 21 C	NO WHERE DID		: City, give exact location)
OR CONTRIB	UTING CAUSE OF y medical examiner)	home, for	CE OF INJURY le.g., i rm, factory, street, o	ffice bldg., INJU	IRY OCCUR?	iii iii soliililole	. Only, give exact locations
21D. TIME OF INJURY	(Year)	lHaur) 21E INJU While At Wark	URY OCCURRED Not Whi At Work	le 🖳	HOW DID INJ	URY OCCUR?	
that (I) (y that (I) (t his hospital) last saw the decease ad fram the causes sta	d alive an	March	1007	and the	1957 ta June at in (my) (m) apir	1967 1967 1967 1238 DATE SIGNED
23°C. PHYSICI	and J. OC	rusch	Phy	23D. ADDRESS	Med. Director	Stafl Phys,	June 29, 196-
244 BURIAL Z	Michae			46			Baltimore, Md.
REMOVAL	(Specify)	_	of CEMETERY or CR				ty, tawn, or county) (State)
Buria		7 Park		netery	Ba	ltimore, 1	Maryland
	JUN 30 1967	25B. NAME OF RE	Faileyra		sander	& Sons, Ir	nc., Balto.Md.
VS 150-REV. 1/1/	/65	C-1000000000000000000000000000000000000		- LJ . F-4	()		



BALTIMORE CITY HEALTH DEPARTMENT

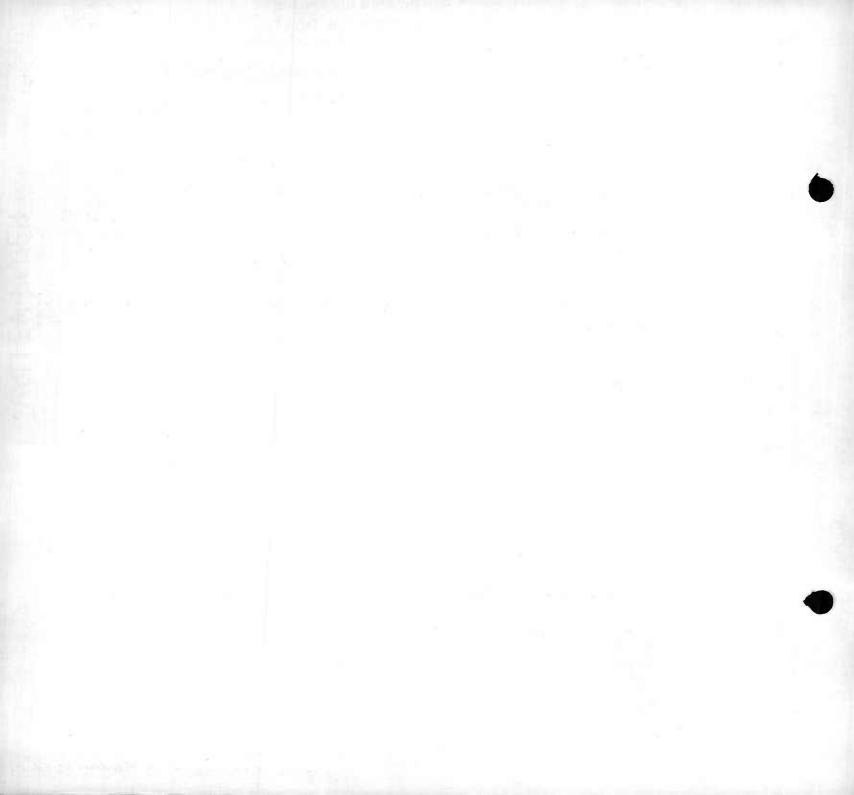
and hospital occurred assistant or his proved

VS 150-REV. 1/1/65

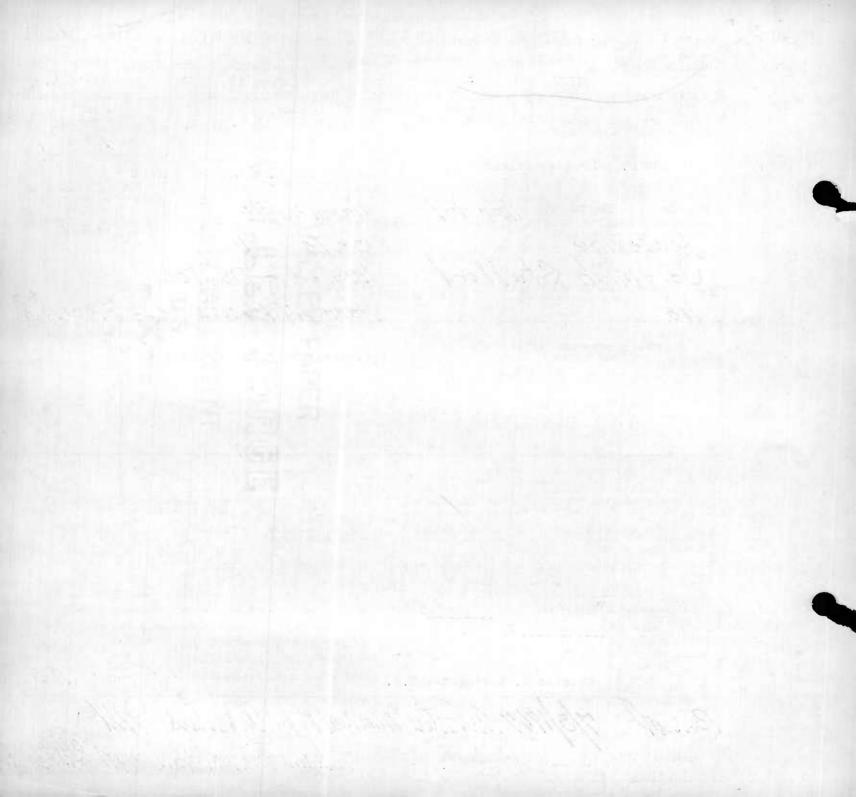
IMPORTANT

FUNERAL DIRECTOR:

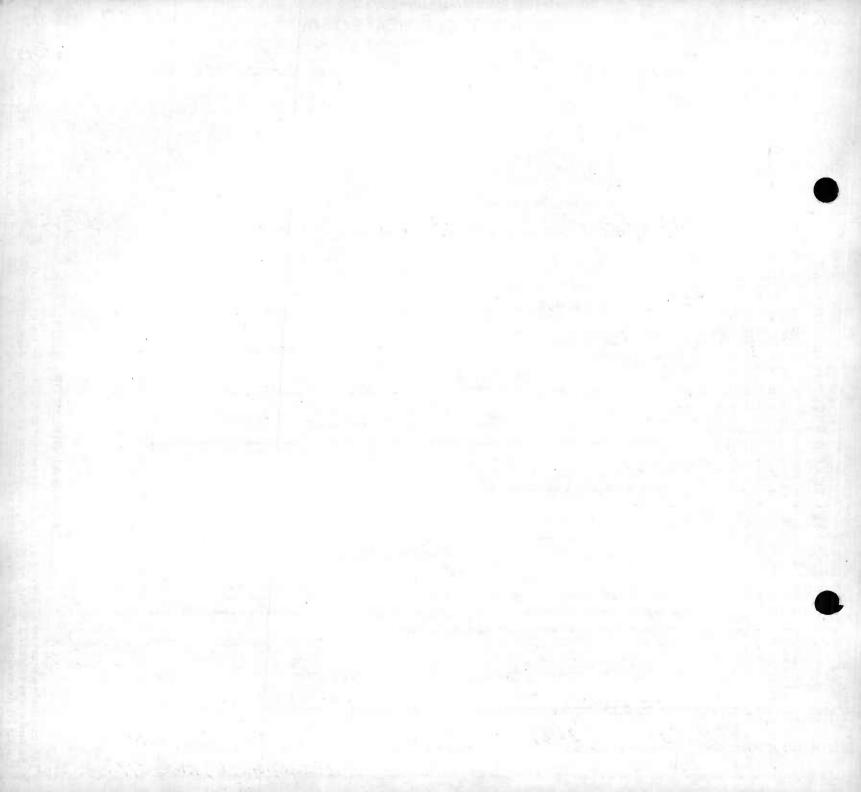
If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in(my) (our) opinion death accurred an the date 23 B. DATE SIGNED (Stote)



ype or Print) ELIA BROWN	June 29, 1967 11:40 A.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST OSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
STITUTION	Baltimore //-O/
309 N. Schroeder Street	D. STREET ADDRESS (If rurol, give location) 309 N. Schroeder Street
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Specific for the property of the prop	RIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months, Doys, Hours, Min.
A. USUAL OCCUPATION (Give kind of work 10%. KIND OF BUSINESS OR ne during most of working life, each if relired)	V17CCF017 3310712
FATHER'S NAME OF THE MICE AS STATE OF THE SECURITY NO OF THE SECURITY	14. MOTHER'S MAIDEN NAME 17. INFORMANT NO. 17. INFORMANT ADDRESS ADDRESS
No	HERMY W. Brown 2022 Eduradon
18.420.01	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Arteriosclerotic heart disease
(This does not meon the mode of dying, e.g., DUE heart failure, asthenia, etc., It means the disease,	
injury or complication which coused death,)	
ANTECEDENT · CAUSES	
RISE TO THE ABOVE CAUSE (A) STATING THE	E TO
UNDERLYING CONDITION LAST. (C)	
II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198, CONDITION FOR WHICH OPERAT	ATION ON A ALITORSY2 (Van or No) DOR IS VES WERE SINDINGS CONSIDERED
TITA, DATE OF OFERATION TYPE, CONDITION FOR WHICH OFERA	ATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	
WAS PERFORMED 21A, EXTERNAL CAUSE WAS 218, PLACE OF INJ	JURY (e.g., in or obout 21C. WHERE DID (If in Baltimare City, give exact location)
WAS PERFORMED 21A, EXTERNAL CAUSE WAS 218, PLACE OF INJ	
WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJI home, form, foctory, etc.) 21D TIME (Month) (Doy) (Year) (Hour 21E, INJURY OC	JURY (e.g., in or obout 21C. WHERE DID (If in Baltimare City, give exoct location) y, street, office bldg., INJURY OCCUR?
WAS PERFORMED VAS PERFORMED	JURY (e.g., in or obout 21C. WHERE DID (If in Baltimare City, give exoct location) y, street, office bldg., INJURY OCCUR? CCURRED 21F. HOW DID INJURY OCCUR?
WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OF INJURY (APPROX.) 22.	JURY (e.g., in or obout 21C. WHERE DID (If in Baltimare City, give exoct location) y, street, office bldg, INJURY OCCUR? CCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK
WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OF INJURY (APPROX.) 22.	JURY (e.g., in or obout 21C. WHERE DID (If in Baltimare City, give exoct location) y, street, office bldg., INJURY OCCUR? CCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK ond that on this basis, death in my apinion
WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OF INJURY (APPROX.) 22.	JURY (e.g., in or obout 21C. WHERE DID (If in Baltimare City, give exoct location) y, street, office bldg., INJURY OCCUR? CCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK Autopsy ond that on this basis, death in my apinion Suicide Homicide Undetermined manner
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WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OF OF INJURY (APPROX.) 22. I certify that I held on Inquiry Inspection resulted from: Notural causes Accident Accident	JURY (e.g., in or obout 21C. WHERE DID (If in Baltimare City, give exect location) y, street, office bldg., INJURY OCCUR? CCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK Autopsy ond that on this basis, death in my apinion Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER
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WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OF INJURY (APPROX.) 22. I certify that I held on Inquiry Inspection resulted from: Notural causes X Accident ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate,	JURY (e.g., in or obout 21C. WHERE DID (If in Baltimare City, give exect location) y, street, office bldg., INJURY OCCUR? CCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK Autopsy ond that on this basis, death in my apinion Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER
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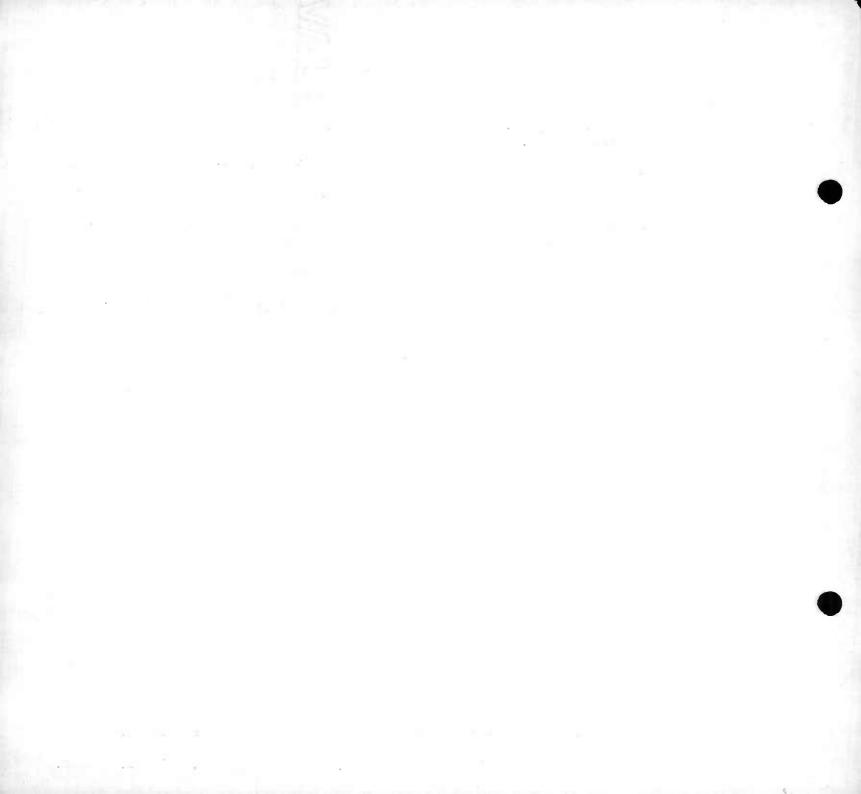
BIRTH NO.	67 6291	CERTIFICAT	E OF DEATH	Registered No.	67 6231
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BA	T = ~ P= 04	000/		ID HOUR OF DEATH	550
3. PLACE OF DEATH IN BA	TIMORE MARYLAND	11501	4. USUAL RESIDENCE (Whe	te deceased Wyed. If institu	tion: residence before admissi
0			A. STATE B. COUN	An/D	nom issuence octore damas
HOSPITAL OR odd	ot in hospital or institution, give ress or location)		C. CITY OR TOWN (If ou	tside city limits, write RUR	AL and give township)
1) NIVERS	ITY HOS.	PITAL	D. STREET ADDRESS (IF	MORE rurol, give location)	16-00
BAL	TIMORE /	MARYLAND	707 EDE	GENKOD S	TREET
5. SEX 6. RACE	7. MARRIED, NE		DATE OF BIRTH		Under 1 Yr. If Under 24 honths Doys Hours Min
10A. USUAL OCCUPATION (Connection done during most of working life,	ive kind of work 10B, KIND OF BL	ISINESS OF INDUSTRY		,	2. CITIZEN OF WHAT COUNTRY?
Ponter	" Univer	15/1/ /63/2	MARYLA		USA
13. FATHERS NAME	00.40		4. MOTHER'S MAIDEN NA	ME	
15. Wos Deceased Ever in U.	S Armed Forces? 116	SOCIAL 1	JENNIE 7. INFORMANT	NOEL	ADDRESS
(Yes, no or unknown) (If yes, gi	ve wor or dotes of service)	SECURITY NO.	CHART		Appress
/ 1B. 14 4 4	nean	CAUSE OF	DEATH		INTERVAL BETWEEN
DISEASE OR CO	NDITION DIRECTLY	A.,	1	14-4-	ONSET AND DEATH
(This does not mean	TO DEATH he made all dying, e.g.,	(A) VEC	ROTIZING	HKIERIOLITI	
heort failure, asthenio, injury ar camplication	elc. II meens the disease, which coused death.)	MALL	- 1/0/1 //	V11-00-1000	,
ANTECEDI	NT CAUSES	(B) A	GNANT H, TERIXAR NE	YFER ENSION	
	ITIONS, if any, giving cause (A) stating the	(C) AR	TERIOLAR NE	PHROSIFICOSI	3
UNDERLYING CONDIT					
	T NOT RELATED TO THE				
19A. DATE OF OPERATIO		CH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
21A. ACCIDENT WAS U	NDERLYING 218. PL	ACE OF INJURY (e.g., in	or obgov 21C. WHERE DID		ty, give exact facation)
OR CONTRIBUTING C	AUSE OF home,	form, foctory, street, office	e bidg INJURY OCCUR?		,, g
21 D. TIME (Month)	(Doy) (Year) (Hour) 21E, IN	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	- 8.1
OF INJURY (APPROX)	While Work	At Not White At Work			
	his hospital) attended the	/	ARIL	19 66 to PR	ESENT 19
	the deceased olive on			ot in (page) (our) opinio	n death accurred on the
and hour and from the	couses stated above.	We) (did) (did not) vie	ew the body ofter death.	. 100	B. DATE SIGNED
Shus S	Phton-16	M.D. Attend	ding Med.	Stoff Phys. 2	6/27/67
23C. PHYSICIANS NAME (Type)	pro me		D. ADDRESS	/	1
Gary Plot		M.D.	UNIVERSITY	HOSPITOCI	
		E of CEMETERY OF CREN	MATORY 240. L	OCATION (City)	own, or county) (State
25A. DATE REC'D BY HEALT	7/3/1967 /22/ by DEPT. 25B, NAME OF	O- NOTTON	250 FUNERAL DIRECTOR	cr/10. //	ADDRESS
JUN 30 1967	RO B- Q FOO.	.AA	William Fir	word Home.	3199. Srhandu
VS 150-REV, 1/1/65	CLACICIAL CO. MERCE		Thursday ber	wire plante	111111111111111111111111111111111111111



3 %	BALTIMORE CITY HEALTH DEPARTMENT	200
11	CERTIFICATE OF DEATH	529
1	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	7-1
	(Type or Print) HEMAN Otis MORGAN JUNE 29, 19671	
3.	B. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before a. STATE B. COUNTY	re odmis
F	FULL NAME OF (If not in hospital or institution, give street)	
	HOSPITAL OR Oddress or location) C. CITY OR/TOWN (If cytside city limits, write RURAL and give twenth	hip)
	BAHIMOTE 14-0	/
	D. STREET ADDRESS (If rurol, give location)	
1	Maryland General Hospital 1814 EUHAW PLACE	
	. WIDOWED, DIVORCED (specify) lost birthdoy) Months Doys Hour	Jnder 24
1	MALE CAUCASIAN NEUER MATTIED 12-16-01 66	
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign Country) 12. CITIZEN OF WHAT COUNTRY WHAT COUNTRY	Y?
	Dainter Milske Construction Vorth Carolinia United.	Sto
3.	FATHER'S NAME	
	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	
1	Yes, no or unknown) (It yes, give wor or dates of service) SECURITY NO.	
	INKNOWN 2/7-/4-369 Kcnneth Rostiner	FTWFFN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO SECURITY NO. CAUSE OF DEATH (A) My furth a artic any 3	DEATH
	LEADING TO DEATH wystured a artic and use 3	de
	heart tailure, asthenia, etc. 11 means the disease, injury or camplication which caused death.)	
	ANTECEDENT CAUSES (B) DUE TO	
	DISEASES OR CONDITIONS, if any, giving	
	rise to the obove cause (A) stating the (C) UNDERLYING CONDITION (ast.	
İ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ľ	TO THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. ASCUD + CHF	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERE	D
	Ju NE 26, 1967 aortic anuyou NO. IN CERTIFYING CAUSES OF DEATH?	
	O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN TYRY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exect locations)	ion)
	DEATH (notify medical examiner)	
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
ì	(APPROX.) While At Not While At Work	
	22. I certify that (L) (this haspital) extended the deceased from 6/26 1967 to 6/29	10
	that (1) (we) lost sow the deceased alive on 6/29 19 67 and that in (my) (our) opinion death occurred	
	The transfer of the deceased of the office o	on the
	ond hour ond from the couses stoted obave. (1) (We) (dld))(did not) view the body after death. 23A, SIGNATURE	
	23A. SIGNATURE 23B. DATE SIGNED M.D. Attending Med. Stott	1.1
	Kenneth & Koskinin Phys. Director Phys. A 6/29/	6
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Balt	6
	M.D. Md Gen Hossital md	
7	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, Iown, or county)	(Sto
	Burial 7/3/67 Cox Cemetery Cullowee Co. No. Carolina	
14	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	S
	JUN 30 1967 Robert E. Farley Wm. Cook OBrooks, Inc. 1217 St. Paul	St.
	\$ 150-REV. 1/1/65	000

7	3-6	05	1
•	if death occurred in a hospital and ect or contributing cause of death	4) Undetermined cause; (5) Deceased was in regular attendance on the	the deceased prior to death. Such position is made.
IMPORTANT	or his assistant Also, if the dire	re of any kind; (4 nounced death	attendance on I
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🚿 was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the 🕜	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	H NO.	67	629	f)	TE OF DEAT		No. 67 6293
1. N (Typ	AME OF DECI	EASED THE IN BALTIMORE, MA	or who	im	2	TE AND HOUR OF DEA	7 17:30 PM
H	FULL NAME OHOSPITAL OR	oddress or location	1)	give street	Maryland B. 6	COUNTY	rite RURAL and give township)
00	5	2502 Dulane Baltimore,	•		Baltimor D. STREET ADDRESS	e (If rurol, give locotion	20-00
5. S	F	6. RACE	WIDOWED	NEVER MARRIED DIVORCED (specify) dowed	Sept. 17.	9. AGE (In years lost birthday) 1890 76	If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.
done	during most of v	working life, even if retired) ewife	TOR KIND OF	BUSINESS OR INDUSTRY	Virginia 14. MOTHERS MAIDEN		12. CITIZEN OF WHAT COUNTRY? USA
		Ever in U. S. Armed For	- 3			,	
		(If yes, give wor or dote		16. SOCIAL SECURITY NO.	17. INFORMANT	nheim 2502 D	address oulaney St. Balto
		SE OR CONDITION DIR LEADING TO DEATH of mean the made of		(A) V) y	b card sol	Infort.	INTERVAL BETWEEN ONSET AND DEATH
	injury ar cam	osthenio, etc. II means optication which caused ANTECEDENT CAUSES OR CONDITIONS, if	death.)	(B) DUE TO	ter: 556/0	n m	25 yrs
	rise Ia the	e abave cause (A) G CONDITION last.		(C)	Dishi	ras VILII,	+45 10715
CATION	TO THE DI	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO THE		150 A	N-1 208 AT WES 111	
CERTIFIC	21A. ACCIDEN	WAS PERF	ORMED 21 B.	PLACE OF INJURY (e.g., in	20 A. AUTOPSY? (Yes	IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH? imore City, give exoct locotion)
2		TING CAUSE OF medical examiner) (Month) (Day) (Year)	etc.)	e, form, foctory, street, of		JR?	
WE	OF INJURY (APPROX)	·	Whi Wor	le At Not White At Work			
	that (I) (we)	that (1) (this haspital last saw the decease I fram the causes stat	d alive an	. ^			apinian death accurred an the date
	23C. PHYSICIA NAME (T)	3. Ky 60	12/D	6 11) 522 LILY	nding Med. S. Med. Director 33D. ADDRESS	Shoff Phys. Dr. Christic	23R DATE SIGNED 6/24/67 2N MASS P: Le
24A	BURIAL CREA REMOVAL (S Buria	ipecify)		AME of CEMETERY of CRE		AD. LOCATION Baltimore	(City, town, or county) (Stote)
	DATE REC'D	BY HEALTH DEPT. 130 1967 (2.4)	258. NAME C	Faster MA	Wm. Cook-B	CTOR	ADDRESS 1217 St. PaulSt.

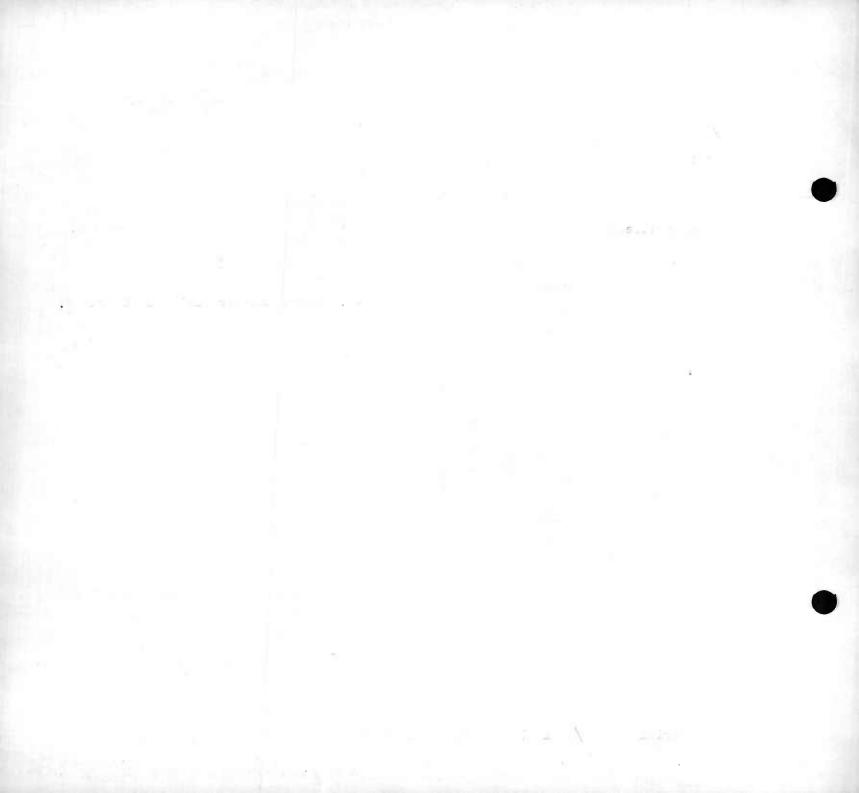


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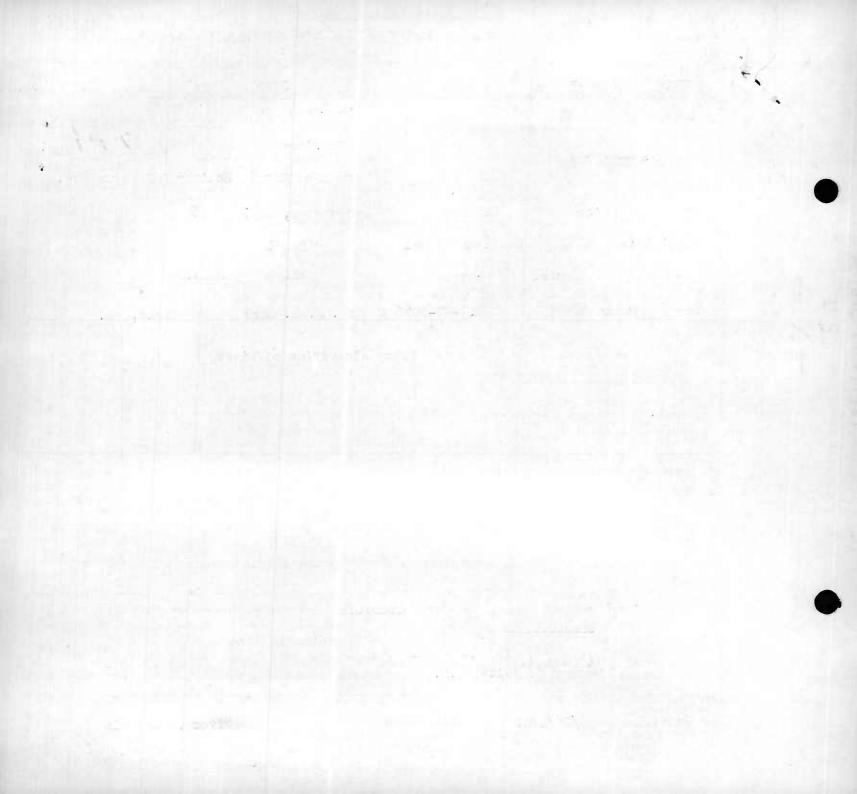
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65



6	7 6295	BALTIMORE CITY HEA				67	6295
BIRTH NO.	WED	ICAL EXAMINER'S	LERTIFICA	IE OF DEA	H Registere	d Na	
M.E. CASE NO.	CEASED			2. DATE AND HO	UR BRONOUNCE	DEAD	
(Type or Print)	Arthur	TADDEN				DEAD	11 05 4
PHILIP		WARREN HERE PRONOUNCED DEAD	M. HISHAI RESID	June 24	, 1967	tion: reside	11:35 Am.
FULL NAME OF		AL OR INSTITUTION, GIVE STREET	A. STATE Maryla	and	B. COUN	TY	
HOSPITAL OR	ADDRESS OR LOCA	ATION)		wn (If outside corp imore	arate limits, write F	14	d give towaship)
MERCY HOS	SPITAL (DØA)			RESS (If rurol, give	Holiday &	Farrot	to Sto
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRT		AGE (In years	If Under	1 Yr. If Under 24 Hrs.
34.1		WIDO WED, DIVORCED(specify)				Manths	Days Hours Min.
Male	White	Divorced kios. Kind of Business or Indust	December	(State or foreign com	69)	12. CITIZE	N OF
	working life, even if retired)	Bethlehem Steel		irginia	iny.		COUNTRY?
13. FATHER'S NAA	A E		14. MOTHER'S M	AIDEN NAME			
Thom	as Danie	el Warren		Alice	Chapman		
	D EVER IN U.S. ARMEI	FORCES? 16. SOCIAL	17. INFORMANT	54		ADDRESS	
Yes	World War I	213-07-2986	A Mrs. J.	E. Eure	Warefie	14 17	a
1B.	10.		SE OF DEATH	20 2010	Marotre		INTERVAL BETWEEN
DISEA	SE OR CONDITION D	IDECTI V					ONSET AND DEATH
	LEADING TO DEATH	Fat:	ty Alterat	ion of Live	er		
(This does	not mean the made of , asthenia, etc. It mean mplication which caused	f dying e.g., DUE TO		· · · · · · · · · · · · · · · · · · ·			
injury ar co	mplication which caused	death.)					
	ANTECEDENT CAUSE	· S					
DISEASES RISE TO TH	OR CONDITIONS, IF A	ANY, GIVING DUE TO					
	NO CONDINON EXCI	(C)		•••••			***************************************
5	II						
O THE	INIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	ELATED TO THE					
19A, DATE OF		NDITION FOR WHICH OPERATION REORMED	20A. AUTOPSY	(? (Yes or No) 20B. IN C	F YES, WERE FINI ERTIFYING CAUSE		
UN DERLYING	L CAUSE WAS OR CONTRIB- JSE OF DEATH.	21B. PLACE OF INJURY (e.g. hame, farm, factory, street, etc.)	office bldg., INJUR	WHERE DID (If in)	Boltimare City, give	exoct loc	cotion)
E 21D TIME	(Month) (Day) (Yea	ar) (Hour) 21E, INJURY OCCURRED	21 F. H	OW DID INJURY O	CCUR?		
OF INJURY (APPROX.)		WHILE AT NOT	WHILE WORK				
22. 1 cer	tify that I held an	Inquiry Inspection A	utapsy X an	d that an this ba	sis, death in my	aplnian	
resu	Ited fram: Natural co		ide Homic		ermined manner		
	1		CHIEF M	EDICAL EXAMI	NER 🗌		
ACTUA		216/		EDICAL EXAMI			DATE SIGNED
SIGNAT	NER'S Werner	U. Spitz, M.D.		MEDICAL EXAMI		5/25/6	67
NAME (MATION, 23B. DATE	23C. NAME of CEMETERY	or CREMATORY	23D. LOCAT	ION (City, t	awn, ar co	ounty) (State)
REMOVAL (Specific Removal)	9 11-11	1967 Mill Swam	p	· A	Tuor. 174	netni	
	BY HEALTH DEPT.	24B. NAME OF REGISTRAR		AL DIRECTOR	Ivor, Vi	rgini	DDRESS, 1
	JUN 30 1967	Robert E. Jankey M.	Wmf	. 7 cipmin	ason	one	the pa
VS 151-REV. 1/1/	/65		1				V . V .



(Тур	De or Print) MARCARET A	1 WILL	
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WA. STATE B. CO
	FULL NAME OF (If not in hospital or justitution,	give street	maryla
1	HOSPITAL OR oddress or locotion)	11/1	C. CITY OR TOWN. (IF
	Marylet Vene	ral /tox	D. STREET ADDRESS
			1012 21
5. 5			B. DATE OF BIRTH
	F WIBOWE	D, DIVORCED (specify)	8/10/02
	. USUAL OCCUPATION (Give kind of work 10B, KIND OF eduring most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo
	1+mselvery		Tenny
3.	FATHER'S NAME		14. MOTHER'S MAIDEN'N
	Houry Owlne		77
5. Yes	Was Deceased Ever in U.S. Armed Forces? s,no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT
	no	175-20-2263	is dough
	18. 420,/1	CAUSE OI	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Po	sible corone
	(This does nal mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	nible coron
	injury ar camplication which caused deoth.)	Ans	in necles of
	ANTECEDENT CAUSES	(B)	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the		
	UNDERLYING CONDITION last.	10/	
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Any	et ation la
ATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		l'insuffe
IFIC,	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY! Wes or
CERTIFIC		PLACE OF INITIAN's - :-	NO Separate Signature Signature
AL C	OR CONTRIBUTING CAUSE OF hom DEATH (notify medical examinet)	RPLACE OF INJURY (e.g., in me, form, foctory, street, off	ice bldg., INJURY OCCUR?
EDIC.		INJURY OCCURRED	21F. HOW DID I
ME	OF INJURY Whi	nile At Not While	
	Wor		6/1
	22. I certify that (1) (this hospital) attended the that (1) (we) lost sow the deceased alive on	, /	
	ond hour ond from the causes stoted above. (1		,
	23A. SIGNATURE	, (. c(c) (d) (l) (V)	on the body offer deat
	Marrell Fot	lucy M.D. Atte	mding Med. Director
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS
	RONALD GOLDNE	R M.D.	827 Le
24A	REMOVAL (Specify) 248. DATE 24C.NA	AME of CEMETERY of CRE	MATORY 24D.
1	PEMOVAL 10-30-67 (1	RAND VITE	N O
25A	. DATE REC'D BY HEALTH DEPT. 258. NAME C	OF REGISTRATI	25C. FUNERAL DIRECT
	JUN 30 1967 Robert		Remot Zu

M.E. CASE NO.

1. NAME OF DECEASED

VS 150-REV. 1/1/65

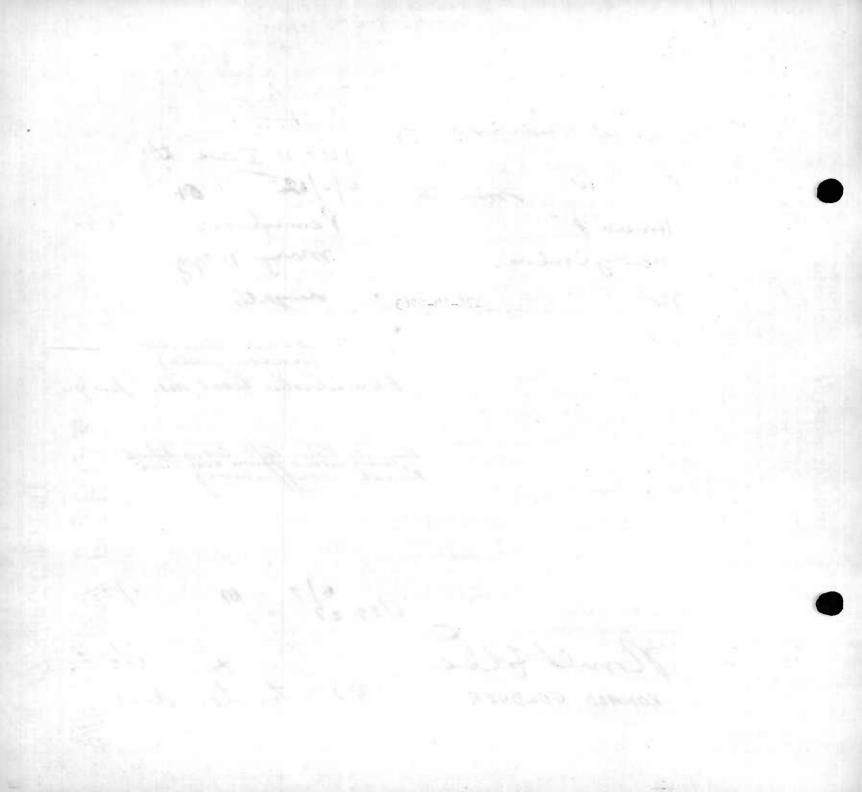
here deceased lived. If institution: residence before admission) UNT outside city limits, write RURAL and give township) (If rurol, give location) 7. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? oreign country) AME ADDRESS INTERVAL BETWEEN ONSET AND DEATH cency No. 208, IF ES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) INJURY OCCUR? that in (my) (our) apinion death occurred on the date 23B. DATE SIGNED Stoff (City, town, or county)

Registered No.

2. DATE AND HOUR OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH



BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered Na.

M.E. CASE NO.					2 01 02/11		
1. NAME OF DI (Type or Print)		Man	MARCHINOR Ba	tchelder	June 29,		8:50 A.
3. PLACE IN BA	LTIMORE, MARYLAND, W		2 h	4. USUAL RESID	ENCE (Where deceased		tian: residence befare admissio
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	ITION, GIVE STREET	M	aryland		RURAL ond give township)
INSTITUTION				1	altimore		1002
0	821 Mc Kim Av	venue			ESS (If rural, give lac 21 Mc Kim A		
5. SEX Male	6. RACE White	Marr:		Sept. 8,	1883	83	If Under 1 Yr. If Under 24 Hr Manths, Days Haurs Min.
	CUPATION (Give kind of world working life, even if retired) Laborer	TOR KIND OF	BUSINESS OR INDUSTR		State or foreign country yland	()	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	?	nelder	14. MOTHER'S M.		ıknown		
	SED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO. Unk.	Mrs. Lill	ian Batchel		(Same)
DISEASES RISE TO TUNDERLY OTHER SILTO THE DISEASE TO THE DISEASE	ANTECEDENT CAUSE ANTECEDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION AL CAUSE WAS	the disease, death.) S. NY, GIVING THE CONTRIBUTING THE CONTRIB	HE	No		TIFYING CAUSE	S OF DEATH?
UTING CA 21D TIME OF INJURY (APPROX.)	GOR CONTRIB- USE OF DEATH. (Manth) (Day) (Yea	hame etc.)	, form, factory, street, 1E. INJURY OCCURRED WHILE AT I NOT	office bldg.,INJURY	OCCUR?		
ACTU/ SIGNA EXAMI	TURE	nquiry \(\text{\tin}\exititt{\text{\tin}\exititt{\texi}\text{\text{\texitit}\text{\text{\text{\text{\texi}\text{\texi}\text{\text{\texi}\titt{\texi}\tint{\text{\texi}\texi{\texi{\texi{\texi{\texi{\		de Homici CHIEF M	I that an this basis de Undeter EDICAL EXAMINE EDICAL EXAMINE EDICAL EXAMINE	mined manner	
23A. BURIAL CR REMOVAL (Spec Buria	REMATION, 23B DATE		Western Cem		23D. LOCATION	n (City, t	Md. (State)
24A. DATE REC	JUN 30 1967	Poleub	OF REGISTRARY	_	J. Ruck, I	nc. Balt	ADDRESS 60. Md. 21214
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DIRECTOR:

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Harley Worth Assesser . June 29, 1967 5 Mayland (2/2/3 Ballowers Uman monarcal Keaplat 33 of Calond Sto. Ballo 21218 3341 Chiftmont acoma W married July 13. 1809 59 A S. Abell (due Papers) - Mary Ebrol U.S. A. Walter Hacker Carrie Woody Mr. Lillian A. Hade min allenamateria Ca. of Rectarymond

5-22-190 Ca of Colon

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Union Man Hosp 33M & Colon 1 505

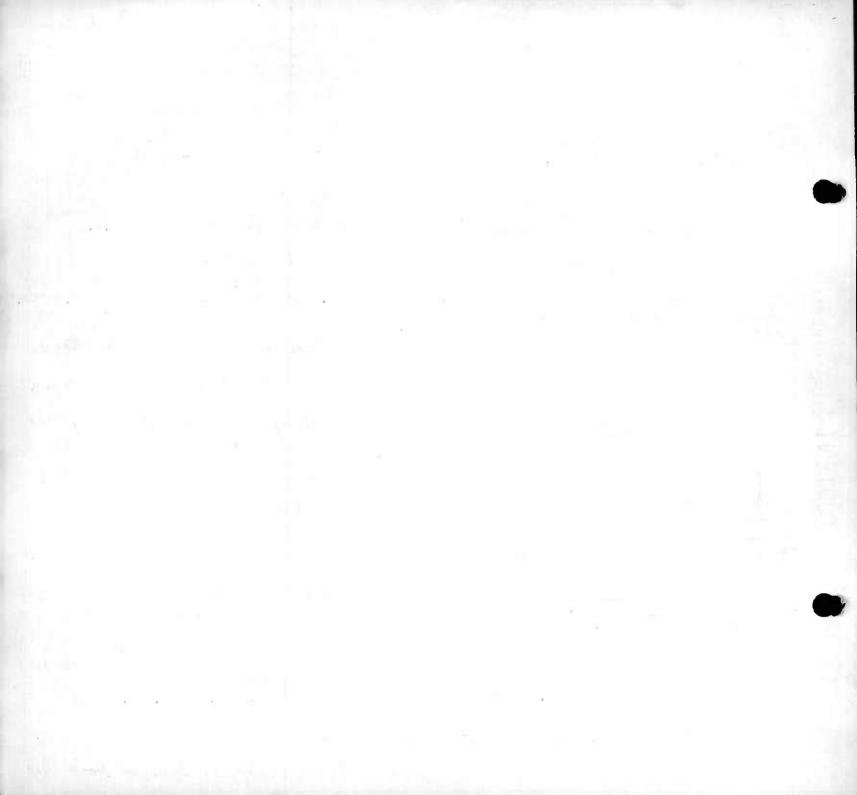
HOWARD H. SCHMALBACH 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before A. STATE FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF ADDRESS OR LOCATION) INSTITUTION LINION MEMORIAL FO SPITAL 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Male White 10A USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Retired Concessionaire 13. FATHER'S NAME Henry Schmalbach 14. USUAL RESIDENCE (Where deceased lived, If institution: residence before A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give low Maryland A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give low Maryland 9. AGE (In years lost birthday) Months. Doys Hot Months.	Inder 24 Hrs.
S. PLACE IN BALTIMORE, MARKLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before B. COUNTY Maryland C. CITY OR TOWN (If autside carporate limits, write RURAL and give low) Baltimore 21213 D. STREET ADDRESS (If rurol, give locosian) JUNTON MEMORIAL FO SPITAL S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Male White 10A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before B. COUNTY Maryland C. CITY OR TOWN (If autside carporate limits, write RURAL and give low) Baltimore 21213 D. STREET ADDRESS (If rurol, give locosian) 3421 Shannon Drive B. DATE OF BIRTH January 17, 1898 VAL Months, Doys Hot Months, Doys Hot Months, Doys Hot Months, Doys Hot Months, Doys Hot Months, Doys Hot Months, Doys Hot Months, Doys Hot Months, Doys Hot Months, Doys Hot Months, Doys Hot Maryland 12. CITIZEN OF MARYLAND WHAT COUNTY Maryland 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL 17, INFORMANT ADDRESS	Inder 24 Hrs.
INSTITUTION Baltimore 21213 D. STREET ADDRESS (If rurol, give locotion) 3421 Shannon Drive 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Married 9. AGE (In years lost birthdoy) Married 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Maryland 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Maryland 10A. MOTHER'S NAME Henry Schmalbach 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16, SOCIAL 17. INFORMANT ADDRESS	Inder 24 Hrs.
UNION MEMORIAL FO SPITAL 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED Widowed, DIVORCED(specify) Married 10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Retired Concessionaire 13. FATHER'S NAME Henry Schmalbach 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL 17. INFORMANT ADDRESS] 16. SEX 17. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) January 17, 1898. 9. AGE (In years lost if Under 1 Yr. If Under	ours Min.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH January 17, 1898 9. AGE (In years lost birthdoy) Married January 17, 1898 9. AGE (In years lost birthdoy) Married January 17, 1898 9. AGE (In years lost birthdoy) Married January 17, 1898 9. AGE (In years lost birthdoy) Married January 17, 1898 9. AGE (In years lost birthdoy) Married January 17, 1898 9. AGE (In years lost birthdoy) Married January 17, 1898 9. AGE (In years lost birthdoy) Married January 17, 1898 9. AGE (In years lost birthdoy) Married January 17, 1898 9. AGE (In years lost birthdoy) Married January 17, 1898 9. AGE (In years lost birthdoy) January 17, 1898 January 17, 18	ours Min.
IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Maryland WHAT COUNTRY 13. FATHER'S NAME Henry Schmalbach 14. MOTHER'S MAIDEN NAME Anna Doll 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16, SOCIAL 17. INFORMANT ADDRESS	RY?
Henry Schmalbach 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS	
Yes W W 1 SECURITY NO. 213-09-9236 Mrs. Arlyne C. Schmalbach (Same	e)
heont failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) UNDERLYING OR CONTRIB-	>
UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeot) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK	
I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinion resulted fram: Notural causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNATURE SIGNATURE EXAMINER'S ASSOCIATE MEDICAL EXAMINER	SIGNED
NAME (Type). Russell S. Fisher M.D. June 28, 19 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, of county) REMOVAL (SA LOMBONIC TO COUNTY)	(State)

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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

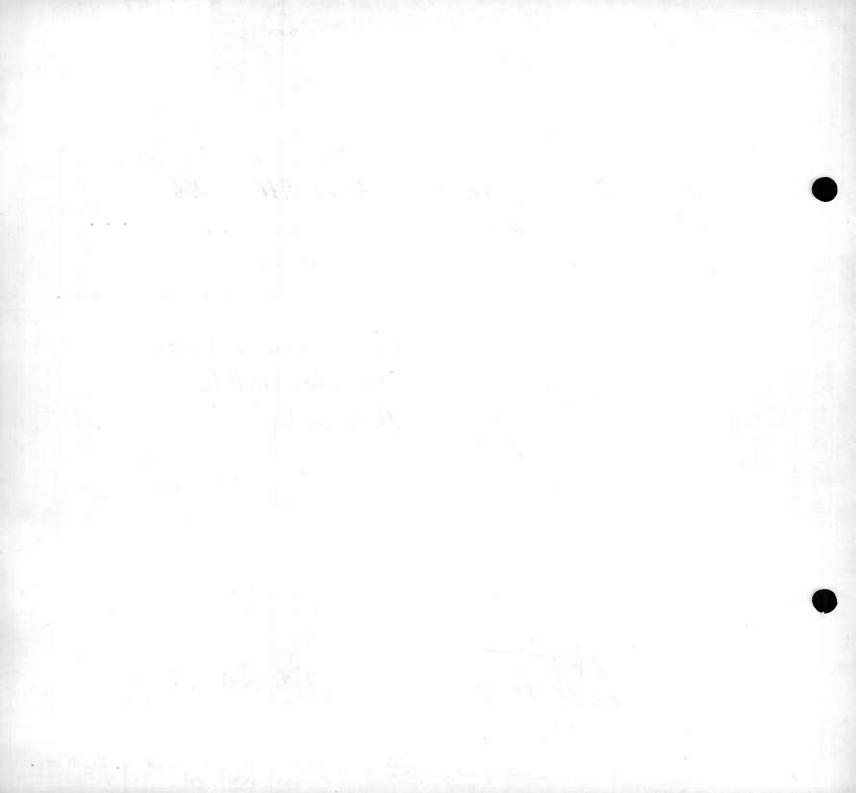
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ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

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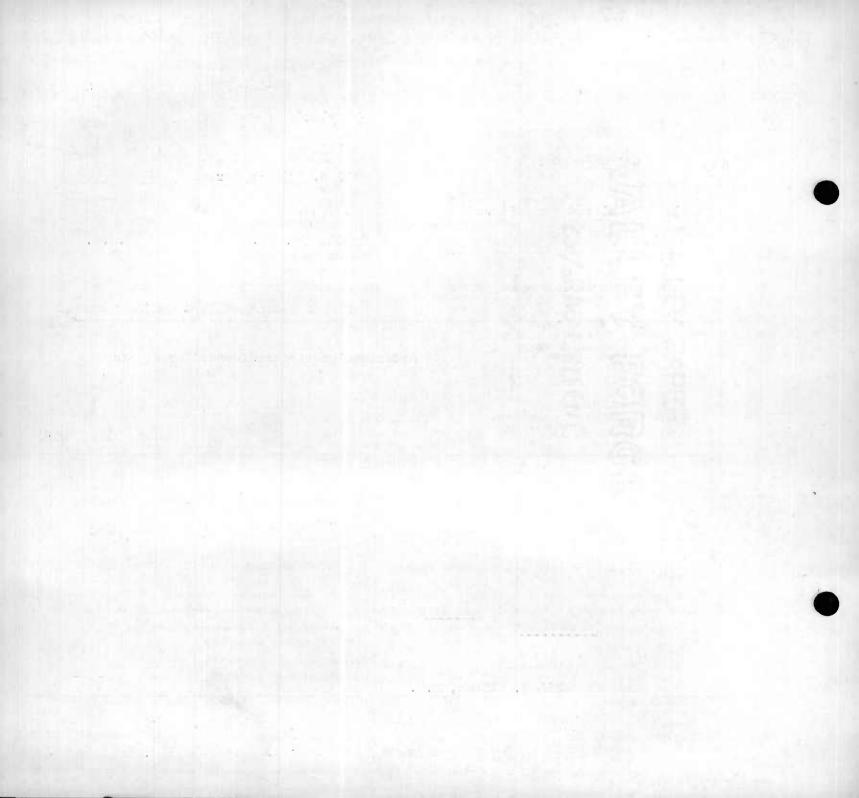
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DISTIL NO	MED NED			CERTIFICAT		EATU Paris	67. 63	ROA .
M.E. CASE NO.	MED	ICAL EXAM	MINER 3	CERTIFICAT	IE OF DI	EAIN Registr	ered No.	1.343
1. NAME OF DE	CEASED				2. DATE AND	HOUR PRONOUNC	CED DEAD	
(Type or Print)	MAUDE		DELANEY		6-26-	-67	1 9	:50 AM ,
3. PLACE IN BAI	LTIMORE, MARYLAND, W	HERE PRONOUNCED AL OR INSTITUTION,	DEAD	Marylar Marylar	ENCE (Where de	corporate limits, write	stitution: residence UNTY	before admissi
INSTITUTION"	LUTHERAN HOS			Baltimo D. STREET ADDR	ore RESS (If rurol, gi	ve location)	16-1	02
5. SEX	6. RACE			813 N.	Calhoun		11611	
Female	Colored	WIDOWED, DIVOR Widowed		Oct. 26,		9. AGE (In years lost birthday)	If Under 1 Yr. Months Doys	Hours Mi
	CUPATION (Give kind of world working life, even if retired)	Home	NESS OR INDUST	Amelia		country)	12. CITIZEN OF WHAT COL	JNTRY?
13. FATHER'S NA	ME ? ?	?		14. MOTHER'S M.	AIDEN NAME	?		
	(If yes, give wor or dote		CIAL CURITY NO.	Nicholas	Delaney	7-813 N. C	Address Calhoun S	treet
RISE TO T UNDERLY	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST. II GNIFICANT CONDITIONS	TATING THE	DUE TO					
E DISEASE	DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 19B. CON WAS PER	LATED TO THE SIT.	OPERATION	20 A. AUTOPSY	? (Yes or No) 20	B. IF YES, WERE FI	INDINGS CONSID	ERED
ZIA, EXTERNI	AL CAUSE WAS OF CONTRIB- USE OF DEATH.	21B. PLACE home, form etc.)	OF INJURY (e.g., foctory, street,	, in or obout 21 C. W	VHERE DID (IF	in Boltimore City, g	give exact location))
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	(Hour) 21E. IN. WHILE m. WORK	AT NO	T WHILE WORK	OW DID INJURY	OCCUR?		
22.	ertify that I held on I	nquiry Ins	pection X A	utopsy ond	thot on this	bosis, deoth In	my opinion	
	ulted from: Notural co			ide Homici	de 🗌 Un	determined monn		
SIGNA	TURE ///	Fulle	М.	D. ASSISTANT MI		MINER _		TE SIGNED
EXAMI NAME	NER'S (Type) RUSSEL	L S. FISHER	R, M.D.	ASSOCIATE M	EDICAL EXA	MINER	6-2	26-67
23A. BURIAL CR REMOVAL (Speci Burial	EMATION, 23B. DATE	23C. NA/ Fami	ME of CEMETERY	e Cemetery	Amel	ia Co. Vi	y, town, or county)	(Stote)
24A. DATE REC'	111N 30 1967	248, NAME OF RE		24C. FUNERA	AL DIRECTOR	tter_3035	ADDRE W North	SS A Ve.



VS 150-REV. 1/1/65

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Paragraph of the control of the cont		HEALTH DEPARTMENT		0000
BIRTH NO. 67 6	300 CERTIFICA	TE OF DEATH	Registered Na	6/ 6305
M.E. CASE NO. 1. NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print) CLETUS A. E	=1116			(7 1 Cima.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	-6613		e deceosed lived. If in	67 6:02AM.
		A. STATE B. COUN	TY	
FULL NAME OF (If not in hospital or institu	tion, give street	C. CITY OR TOWN III OUT	D	
INSTITUTION		C. CITY OR TOWN (II out	side city timits, write	RURAL and give township)
5		BALTIMOR D. STREET ADDRESS (III	-6	3401
FILL BOU HOUSE IND				
LITURELA ITOME AND	1705PITAL	1443 TO		/-
CHURCH HOHE AND 5. SEX 6. RACE WIDE TO WID	RIED, NEVER MARRIED OWED, DIVORCED (specify)	,	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE WHITE 10A. USUAL OCCUPATION (Give kind of work 108, KIN	DIVORCED	5-27-04	63	
IDA. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
12/1/ Kerper ST	= NUSHIP	MARULAN	D	U.S.A.
3. FATHER'S NAME	-///-//	MARYLAN 14. MOTHER'S MAIDEN NAM	A E	00.0
		CATILEDIN	T/004:	1
PATRICK ELLI		CATHERING	LOGAN	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (II yes, give war or dotes of serv	rice) 1 6. SOCIAL SECURITY NO.		d" 1 - 4	ADDRESS
1/6	088-05-613	8 Katherin.	1 SHITH	1810 Northbourne
18. 4 7 2 X	CAUSE O			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) UI	REMIA		YEARS
(This does not meon the made of dying, heart failure, asthenio, etc. It means the dis				
injury ar camplication which caused death.)	C 14.0	CONIC NE	DHDITIC	111540 6
ANTECEDENT CAUSES	(B) C17/2	20010 100	10/1-(11)	961163
DISEASES OR CONDITIONS, if any, g				
rise to the above cause (A) stoling				
UNDERLYING CONDITION last.				
Z OTHER SIGNIFICANT CONDITIONS CONTRIB	LITING			
2 TO THE DEATH BUT NOT RELATED TO) THE			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES WEBE	FINDINGS CONSIDERED
198. CONDITION WAS PERFORMED	O. HINGI O'EMAIION		IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(II in Baltimore	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, lorm, foctory, street, of	fice bldg., INJURY OCCUR?	***	
U				
OF INJURY (Month) (Doy) (Yeor) (Hour)		21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not While Work At Work	e 🗀		
22. I certify that (t) (this hospital) attend	led the deceased from	6-191	967 10	6-29 1967
that (1) (we) lost saw the deceased olive	/			nion death accurred on the dat
			or mitmy, toor, api	mon death accurred on the dat
and haur and from the causes stated aba	/e. (I) (We) (did) (did-not) v	iew the bady ofter deoth.		
23A. SIGNATURE	A4.5	anding - Mad -	1012	23 B. DATE SIGNED
francisco 15	allacan Phy	ending Med. Director	Phys. D	929/67
23C. PHYSICIAN'S NAME (Type)	0.0	23D. ADDRESS		
	LTAZAR M.D.	CHURCH	HOME	of HOSpits
		MATORY 24D. LO	CATION (C	ity, town, or county) (State)
REMOVAL (Specify)	New to theel.	1 Constant	RITTINIA.	c 191
25A. DATE REC'D BY HEALTH DEPT. 258, NA	ME OF DECISTRAD	OSC FUNERAL DIRECTOR	1-11-101	ADDRESS 4
MIN 30 1087 0 0 8	Ja Janua	C427/45 6	. STEVY45	Eynesylone, L
	-, 40,000; m	1501	12, 1-0r	THYPHUE
/S 150-REV. 1/1/65				



The Johns Hopkins Hoy lay HIPE STATE OF. 6/26/67 74784 1406 154 NA 4/6 MARY HART DAIR HART 04 Mediae ARREST Responding ducine catal des 1805 defencitain None YES 1967 67 8/10 some & Brayton the Janes Hope no Hospith JAMES BREATHY

a hospital and

BIRTH NO.	67	630	As a second	TE OF DEAT		67 6308
M.E. CASE NO.					TE AND HOUR OF DEATH	8
(Type or Print)		Degele			7- 1- 1967	4,30A,
3. PLACE OF D	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE A. STATE B.	(Where deceosed lived, If ins	titution: residence before admission
FULL NAME			give street	Md.		
HOSPITAL O		1)		C. CITY OR TOWN	(If outside city limits, write R	URAL and give township)
1	(00(N	. 1	A	Baltimore D. STREET ADDRESS	(If rurol, give location)	1601
U	6026 Mann	ington	Avenue #6			00/
5. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	ngton Avenue 21	If Under 1 Yr., II Under 24 Hrs
Male	White		o, DIVORCED (specify)	6-29-1900	lost birthdoy)	Months Doys Hours Min.
	CUPATION (Give kind of work					12. CITIZEN OF
_	of working life, even if retired)	0	1	B.3.13	O-1 - M 3 3	WHAT COUNTRY?
3. FATHER'S N	enployed	Uver	head Doors	Paltimore 14. MOTHER'S MAIDE	City Maryland	U.S.A.
3. PATHERS II		Danala		14. MOTHER'S MAIDE		le con fell
5 W D	Charles		11		Minnie Ric	
Yes, no or unkno	sed Ever in U. S. Armed For wn) (If yes, give wor or dote	ces: s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No			577-03-7783	Mrs Albert	a Degele 6026 M	annington Avenue
18.	27,71		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIR	ECTLY)n	unca D.	Parties.	011321 71110 0071111
(This does	LEADING TO DEATH not mean the made at	dvina e a	(A) DUE TO	you carried	1 Junerza	A
heart failur	e, asthenia, etc. II means	the disease,	(10)	1. 5		
injury at c	amplication which caused	death.)	(B)	home Me	yourdiles	
DISEASES	ANTECEDENT CAUSES		DUE FO		1 1	
	OR CONDITIONS, if the abave cause (A)		cal elem	onis I wil	norses San Alex	les
	NG CONDITION last.		1011		() Eng.	
Z 071157 010	ll II					
O OTHER SIG	CONTICANT CONDITIONS C					
U 194 DATE	OF OPERATION TABLE CON		WHICH OPERATION	120A ALLTORSY2 (Yes	or No) 208. IF YES, WERE F	INDINGS CONSIDERED
E O	WAS PERF		WHICH OFERATION	ZUAL AUTOFST: TTES	IN CERTIFYING CAL	ISES OF DEATH?
U 121A. ACCIE	DENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE I	DID (II in Boltimore	City, give exact location)
OR CONTR	tBUTING CAUSE OF tily medical examiner	hom etc.	e, lorm, foctory, street, o	ffice bldg., INJURY OCC	U R?	
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DI	ID INJURY OCCUR?	
OF INJURY			le At Not Whil		C C C C C C C C C C C C C C C C C C C	
		Wo				01
	fy that (I) (this haspital		e deceased from	The !	19 6 / to /	199
	e lost sow the decease	. /	June 200	,		nion death accurred on the do
	and from the couses stat	ed oboye. (1	(We) (did) (did not)	riew the body ofter d	eoth.	
23A SIGNA	TURE	N		/		23 B. DATE SIGNED
	russ as	NA	M.D. Atte	s. Med. Director	Stoff Phys.	1/1/6/
23C.PHYSIC NAME	CIAN'S (Type)			23D. ADDRESS		
	REMATION, 248. DATE	24C. N	M.D.	EMATORY [2	24D. LOCATION (Cit	y, town, or county) (Stote)
REMOVAL		_ _				
Duri 25A. DATE REC			kwood Gemeter	25C. FUNERAL DIR	Baltimore,	MS.
	JUL 3 1967		+ 2 Falana		Funeral Home	
VC 150 BCV 1/		Ulaker	D. C. Jawaina			
VS 150-REV. 1/	1/03			THE AREA COMMITTEE		

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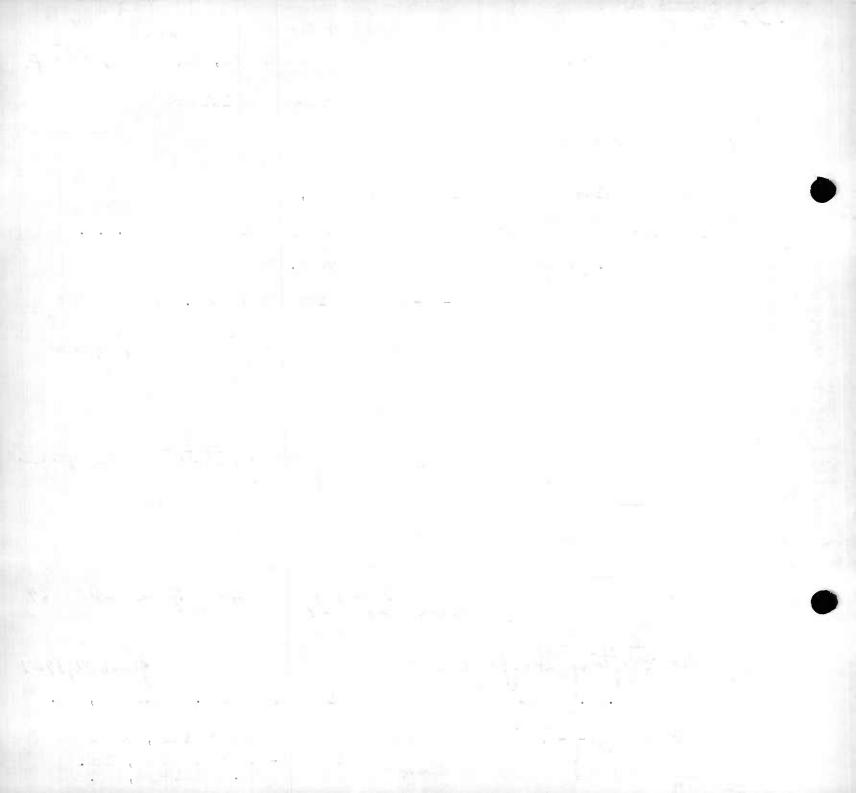
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DIRECTOR:

FUNERAL

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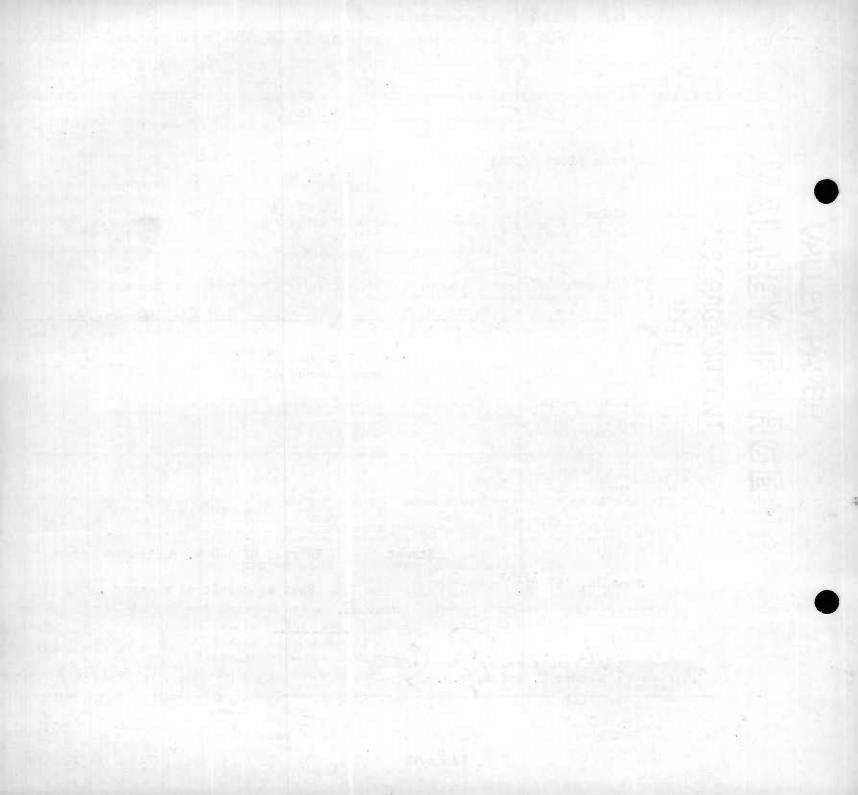
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BALTIMORE CITY HEALTH DEPARTMENT

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 6313

M.E. CASE NO.			
1. NAME OF DECEASED			2. DATE AND HOUR PRONOUNCED DEAD
(Type of HOWARD LEI		AKER	June 30, 1967 1:00 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE		4. USUAL RESID	DENCE (Where deceosed lived, If institution residence before admission) 8. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	R INSTITUTION, GIVE STREET	C. CITY OR TO	WN (It outside corporate limits, write KURAL and give township)
D C II 'A-1 /	201)		imore
Bon Secour Hospital (I	DOA)		DRESS (If rural, give location)
5. SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	8. DATE OF BIRT	. Monroe Street 19. AGE (In years If Under 1 Yr. If Under 24 Hrs.
WIDO	OWED, DIVORCED (specify)	July 10	1938 lost birthday Months, Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. I			
dane during most of warking life, even if retired)	el. Dry doch		had 21. CA.
13. FATHER SNAME	a sery when	14. MOTHER'S M	MAIDEN NAME
to her low a Baken		60	Lainuses
15. WAS DECEASED EVER IN U.S. ARMED FOR		17. INFORMANT	ADDRESS
(Yes, na arunknown) (If yes, give war ar dates of s	service) SECURITY NO.	001	3.1. 520 07 61
118.	216-32-0180	OF DEATH	JOHER - J29 S. MORELL ST.
70/1	CAUSE	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTL		iro Inton	nal Plandina
(This does not mean the mode of dying heart failure, asthenia, etc. It means the d	g, e.g., DUE TO C.		nal Bleeding
injury or complication which caused death.	diseose, (J	inshot wo	und of Neck
ANTECEDENT · CAUSES			
DISEASES OR CONDITIONS, IF ANY, G	GIVING (B)		
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	G THE		
	(C)		
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		20 A. AUTOPS	Y? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A, EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB-	21 B. PLACE OF INJURY (e.g.,		WHERE DID (If in Boltimore City, give exact location)
UTING CAUSE OF DEATH.	home, farm, factory, street, a		WHERE DID (If in Boltimore City, give exact lacation)
7	Street		n rear of 440 S. Smallwood Street
OF INJURY 19.	21E. INJURY OCCURRED		OW DID INJURY OCCUR:
(APPROX.) June 30, 67 A.		(TT)	Shot as result of an argument
I certify that I held an Inquir			nd that an this basis, death In my apinion
resulted from: Natural causes	Accident Suicid	e Hamic	ide X Undetermined manner
1.10	6/-1	CHIEF M	MEDICAL EXAMINER DATE SIGNED
SIGNATURE MESTICAL	~/ M.D	ASSISTANT N	MEDICAL EXAMINER A
EXAMINER'S Werner U. S		ASSOCIATE A	MEDICAL EXAMINER 6/30/67
23A. BURIAL CREMATION, 23B. DATE	23C. NAME OF CEMETERY	CREMATORY	23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	La PI	P. 1	Best Du
24A. DATE REC'D BY HEALTH DEPT! 24B.	NAME OF REGISTRAR	24C. FUNE	RAL DIRECTOR ADDRESS
	\$ 2 Fallina	210	Com I of an Hill: 14
VS 151-REV. 1/1/65		or my	2 1 m
NETT	4		(Jalto M.



BIRTH NO.	67	6314 CERTI	FICATE OF DEA	:NT TH Registered No	67 6314
M.E. CASE NO 1. NAME OF D (Type or Print)	DECEASED		2. D	ATE AND HOUR OF DEAT	Н
	Mary Victori			TUNE 26, 1967	3 A.
FULL NAMI	E OF (If not in hospital	ar institution, give street	Marylan	d	institution: residence before admissio
HOSPITAL C		n)			e RURAL and give township)
0	339 S. Co	nkling Street	Baltimon D. STREET ADDRESS	(If rurol, give location)	26-0
	1			Conkling Str	
F. SEX	6. RACE	7. MARRIED, NEVER MARRIE WIDOWED, DIVORCED (sp. Widowed)	7/2/1895	9. AGE (In years lost birthday)	II Under 1 Yr. If Under 24 H Manths Days Haurs Min.
	of working life, even if retired)	Tavern	Baltimor	*	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N	IAME		14. MOTHER'S MAID	EN NAME	
Forno	ndo Gallo		unk.		
5. Wos Deceo:	sed Ever in U. S. Armed For		17, INFORMANT		ADDRESS
NO NO	(II yes, give war ar date	s al service) SECURITY N	Mr. Fra	nk DeSantis	
18.	60XI	C	AUSE OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION DIE	RECTLY	0 -	2	· ONSE! AND DEATH
	LEADING TO DEATH	(A)_	Colonary C	eduren	
	s nat mean the made af re, asthenia, etc. It means	the disease,	Colonar C Di'ubile M		
injury ar c	camplication which caused	death.)	Director 21	1.88/1:	
	ANTECEDENT CAUSES	(B)	E TO	(Lower)	
	OR CONDITIONS, il				
	the abave cause (A)	slaling the (C)	***************************************		
	Ш				
E TO THE	ONIFICANT CONDITIONS CONDEATH BUT NOT RELA	ATED TO THE			
U 19A DATE		DITION FOR WHICH OPERATIO	ON 20A. AUTOPSY? (Ye		E FINDINGS CONSIDERED
A C	WAS PER				AUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING CAUSE OF	21B. PLACE OF INJU	JRY (e.g., in or obout 21 C. WHERE street, affice bldg., INJURY OCC	DID (If in Boltime	ore City, give exoct locotion)
21D. TIME	(Manth) (Doy) (Year)	(Hour) 21E INJURY OCCUS	RRED 21F. HOW D	DID INJURY OCCUR?	
S OF INJURY			Not While		
		Work	At Work		
22. I certi	ify that (1) (t his hospita l) attended the deceased fr	am Janua	19 = 3 to	ance 26 19 67
that (1) (w	ve) last saw the decease	ed alive an 6/2/	19670	ond that in (my) (out) a	pinion deoth occurred on the d
and haur	and from the causes stat	ted abave. (I) (We) (did) (di	id nat) view the bady after a	death.	
23A. SIGNA		1			23 B. DATE SIGNED
40	seph 15.	12 1.15 N	A.D. Attending Med. Director	Stoff Phys.	6/28/67
25C. PHYSIC	CIANS	17 ouello	23D. ADDRESS	rily so C	1 4, 4, 5
NAME	(Type)	118-0-	M.D. 2 - D	B. 4 -	× por o.
4A. BURIAL C	REMATION, 1248, DATE	24C. NAME AL CEMETE	RY OF CREMATORY	24D. LOCATION	City, town, or county (State
REMOVA		270, ITAME OF CENTERE	N. O. BENNAINE	LADI COCATION	Control (Stote
Emtomb		7 Lorraine	Park	Baltimore.	Maryland
SA. DATE REC	D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DI	REGIORINERO	ADDRESS
	JUL 3 1967	Robert E. Jank	with freehold	soon N. Zann	11no 20 conkling
S 150-REV. 1/	1/65			V	



IMPORTAN

DIRECTOR:

FUNERAL

IMPORTANT

DIRECTOR:

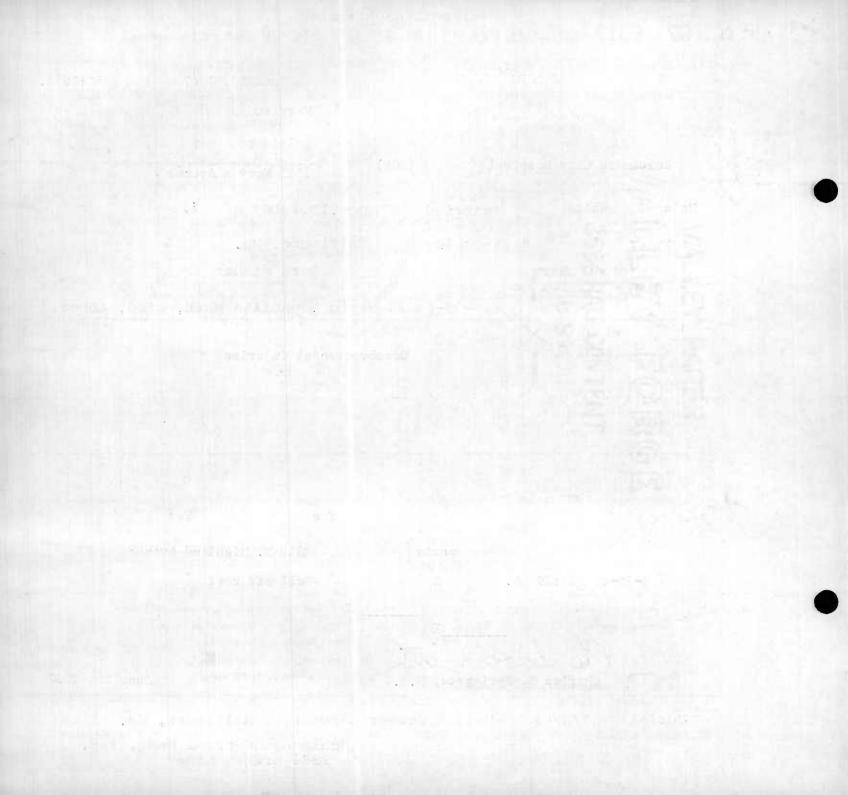
FUNERAL

VS 150-REV, 1/1/65

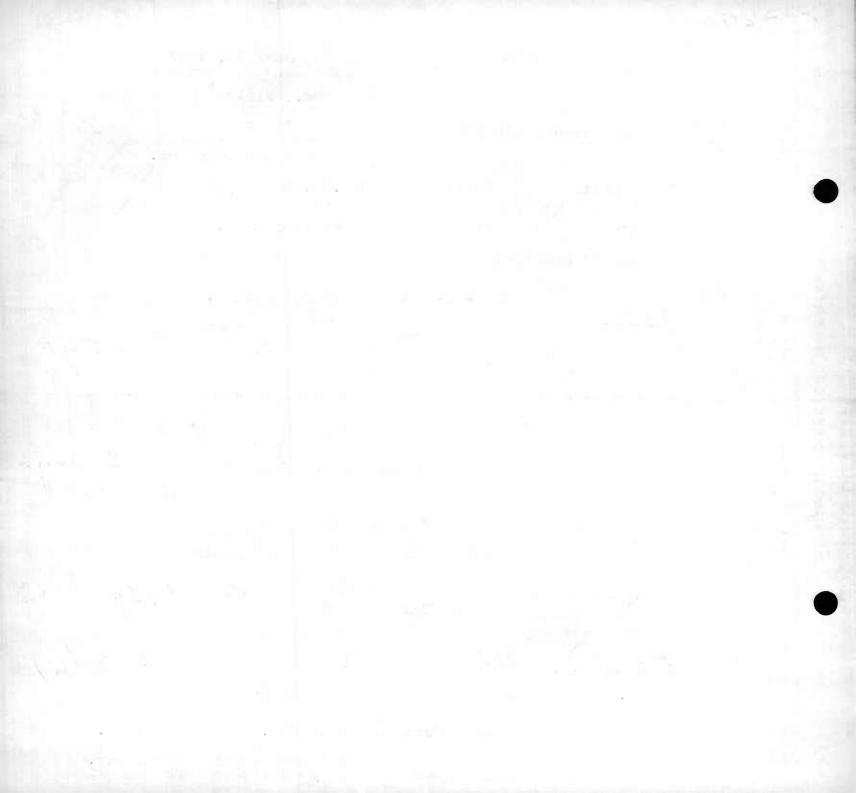
in sale peterter from b popular Byon chopmenson I days - 18-3 THE CON COUNTY Stoil Dollars By

M-6-3 6317 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 6317

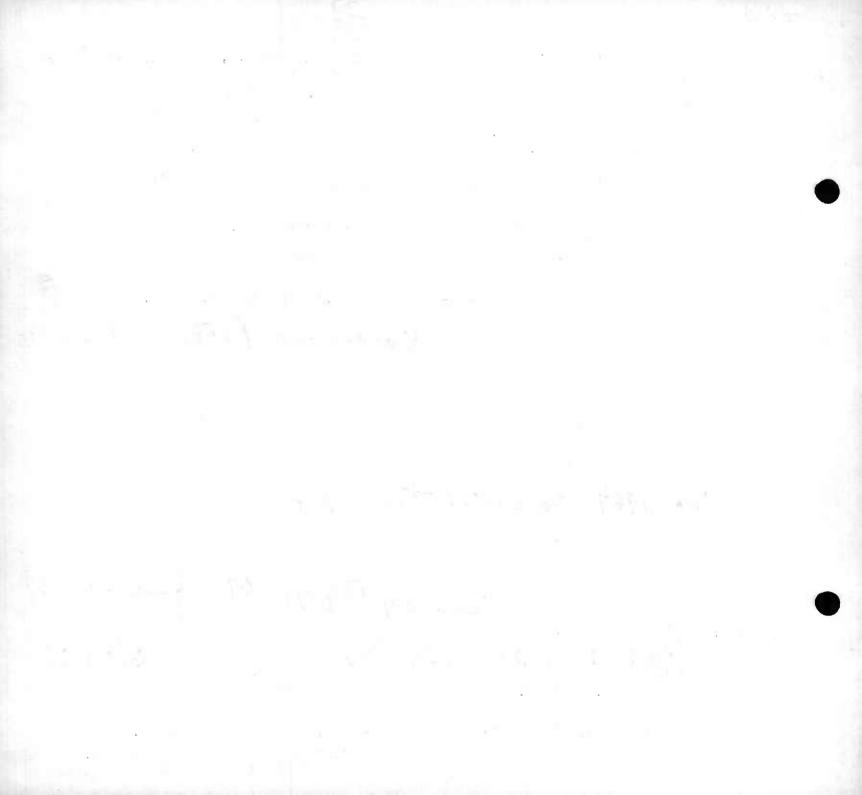
M.E. CASE NO.					
1. NAME OF DE (Type ar Print)		Bernard SEPH MARX		ND HOUR PRONOUNCED DEA	12:15 P.M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe A. STATE Maryla	nd deceased lived. If institution:	residence befare odmission)
HOSPITAL OR INSTITUTION	timore City H	AL OR INSTITUTION, GIVE STREET OSpital (DOA	Baltime		L and give township)
			1 3515 K	enyon Avenue	
5. SEX Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) married	8. DATE OF BIRTH Oct.13,1906	lost birthday) Mont	nder 1 Yr. If Under 24 Hrs. hs, Doys Haurs Min.
	working life, even if retired)	self-employed	Baltimore, 14. MOTHER'S MAIDEN NA	W	TIZEN OF HAT COUNTRY?
	Michael Mar	x	Dora F		
	ED EVER IN U.S. ARMED (If yes, give war ar dote		17.INFORMANT Marie Donnel	lan Marx, wife	
(This does heart failur injury ar c	ASE OR CONDITION DI LEADING TO DEATH not mean the made of e, asthenia, etc. It means amplication which caused ANTECEDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST. II GNIFICANT CONDITIONS	RECTLY dying e.g., sthe disease, death.) S NY, GIVING TATING THE (C)	e OF DEATH	uries	INTERVAL BETWEEN ONSET AND DEATH
TO THE DISEASE OF	DEATH BUT NOT RE OF CONDITION CAUSING OF OPERATION 198, CON WAS PER AL CAUSE WAS ACCOUNTRIB-	LATED TO THE GIT. BIT. 20 A. AUTOPSY? (Yes ar N Yes , in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?	(If in Baltimare City, give exact	DEATH?	
21D TIME	(Month) (Day) (Yea 6-29-67 11:5	9 A. WHILE AT THE NOT	21F. HOW DID IN	. Highland Avenu JURY OCCUR? ff roof	e R6-44
ACTU/ SIGNA	TURE Charles			EXAMINER X	DATE SIGNED ne 29, 1967
23A. BURIAL CR REMOVAL (Spec Buri	EMATION, 238. DATE	23C. NAME of CEMETERY HOLY Redeem		Baltimore, Mo	
	JUL 3 1967	248, NAME OF REGISTRAR		Funeral Home ehms Lane	, Inc.
VS 151-REV. 1/1	165 18 56	23 0 7 0 1	B 40 0 2 1		



V\$ 150-REV. 1/1/65

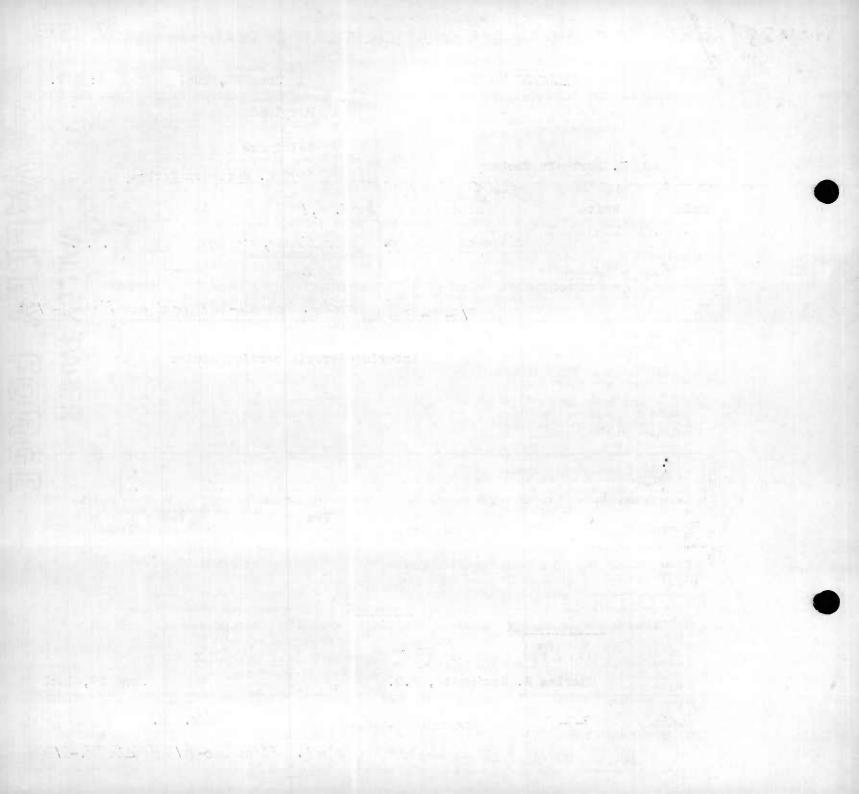


	EDNA L	. KALB		29, 1967	1000 P
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	14. USUAL RESIDENCE (When	e deceased lived. If ins	titution: residence before admiss
FULL NAME HOSPITAL OR INSTITUTION	oddress or location		Md. c. city or town (If out Baltimore	side city limits, write RI	URAL and give township)
	321 Kentuck altimore, M			tucky Aven	ue
5. SEX female	6. RACE white	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WICOWEO	8. DATE OF BIRTH 1/13/96	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Min
	f working life, even if retired)	at home	Baltimore, I		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA			14. MOTHER'S MAIDEN NAM	ΛE	
				Tourig	
15. Was Decease (Yes, no or unknow	d Ever in U. S. Armed Fo	16. SOCIAL SECURITY NO. 215-30-2385	Mrs.Janis K	effer, dgh	t. above
DISEA	ASE OR CONDITION DI LEADING TO DEATH		remome	Rectum	INTERVAL BETWEEN ONSET AND DEATH
heort foilure	not mean the mode of c, osthenia, etc. It means emplication which caused ANTECEDENT CAUSES	s the disease, d deoth.)			
DISEASES	OR CONDITIONS, if	DUE TO			
rise to I	he above couse (A) IG CONDITION last.				
OTHER SIGN TO THE DISEASE OF	he above couse (A) IG CONDITION last. II NIFICANT CONDITIONS (DEATH BUT NOT REL R CONDITION CAUSING	Sontributing ATED TO THE			
OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF T	NIFICANT CONDITION (A) DEATH BUT NOT REL. R CONDITION CAUSING OF OPERATION 198. CON WAS CE	CONTRIBUTING ATED TO THE IT. INDITION FOR WHICH OF TRATION IFORMSO	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
OTHER SIGN TO THE DISEASE OF CONTRIED OR CONTRIED DEATH (notice)	he above couse (A) IG CONDITION last. II VIFICANT CONDITIONS (DEATH BUT NOT REL R CONDITION CAUSING OF OPERATION 198. CON	CONTRIBUTING ATED TO THE IT. INDITION FOR WHICH OPERATION IFORMED	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	INDINGS CONSIDERED
OTHER SIGN TO THE DISEASE OF CONTRIBUTION OF C	IS OPERATION 198. INTERPRETATION 198. INTERPRETATION 198. OF OPERATION 198.	CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., indeed, or of the control of the c	20A. AUTOPSY? (Yes or No in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	208. IF YES, WERE FI IN CERTIFYING CAU (If in Baltimare	INDINGS CONSIDERED SES OF DEATH?
OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DEATH (notice) The DEATH (n	He above couse (A) IG CONDITION last. II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING OF OPERATION 198. CON WAS CEE ENT WAS UNDERLYING ENT WAS UNDERLYING OF MEDICAL CAUSE OF IT MEDICAL CAUS	CONTRIBUTING ATED TO THE IT. NOTITION FOR WHICH OPERATION FORMED WAY 21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.) (Hour) 21E. INJURY OCCURRED While AI Not Whi Work 1) attended the deceased fram	20 A. AUTOPSY? (Yes or No in or obout 21 C. WHERE DID iffice bidg., INJURY OCCUR? 21 F. HOW DID INJU	208. IF YES, WERE FIN CERTIFYING CAU (Iff in Baltimare	INDINGS CONSIDERED SES OF DEATH? City, give exact lacation)
OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF THE DISEASE OF THE DEATH (notification of the	He above couse (A) IG CONDITION last. II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING OF OPERATION 198. CON WAS PER ENT WAS UNDERLYING ENT WAS UNDERLYING (Month) (Doy) (Year) I that (1) (this haspital) I last saw the decease and from the causes stated.	CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION FORMED ATED TO THE IT. NOTION FOR WHICH OPERATION FORMED ATED TO THE IT. NOTION FOR WHICH OPERATION FORMED ATED AT	20 A. AUTOPSY? (Yes or No in or obout 21 C. WHERE DID iffice bldg., INJURY OCCUR? 21 F. HOW DID INJU 19 and the view the bady after death. ending V. Med. Director	208. IF YES, WERE FIN CERTIFYING CAU (Iff in Baltimare	INDINGS CONSIDERED SES OF DEATH? City, give exact lacation)
OTHER SIGN TO THE DISEASE OF 19A. DATE OF CONTRIBUTION OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certife that (I) (we and haur at 23A. SIGNAT 23C. PHYSICI NAME.	He above couse (A) IG CONDITION last. II NIFICANT CONDITIONS (A) DEATH BUT NOT REI R CONDITION CAUSING OF OPERATION 198. CON WAS CEE ENT WAS UNDERLYING CAUSE OF (Month) (Doy) (Year) Y that (I) (this haspital A) last saw the decease INTERIOR CAUSE OF (WAS UNDERLYING CAUSE OF (Month) (Doy) (Year) WAS CEE ENT WAS UNDERLYING CAUSE OF (Month) (Doy) (Year) WAS CEE ENT WAS UNDERLYING CAUSE OF (Month) (Doy) (Year)	CONTRIBUTING ATED TO THE IT. NDITION FOR WHICH OPERATION FORMED WAY 21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.) (Hour) 21E. INJURY OCCURRED While AI Not Whi Work 1) attended the deceased fram ed alive an ted abave. (I) (We) (did) (did nat)	20A. AUTOPSY? (Yes or No in or obout 21 C. WHERE DID iffice bldg., INJURY OCCUR? 21F. HOW DID INJu 19 and the view the bady after death. 23D. ADDRESS 3350 Wilke	O 208. IF YES, WERE FIN CERTIFYING CAU (If in Baltimare) URY OCCUR? Ita prin (my) (aur) apin Staff Phys. NS Avenue	City, give exact lacation) 19 19 10 10 10 10 10 10 10 10



Na.	67	6320
140.	- P	Co Co regir to

Type or Print)	CEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD	
"	WILLI	CAM WEF	HRMAN			28, 1967		6:55 P.
B. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE	ENCE (Where de	ceosed lived. If inst B. COU		dence belore odmissio
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TO	VN (II autside o	orparate limits, write	RURAL or	nd give township)
340	00 E. Northern	n Parkwa	ıy	D. STREET ADD	Baltimore RESS (If rurol, gi	ve locotion) orthern Pa	rlaros:	
s. sex Male	6. RACE White	WIDO WED,	NEVER MARRIED DIVORCED (specify)	Sept. 8.	Н	9. AGE (In years lost birthday)	If Under	1 Yr. II Under 24 H Days Hours Min.
	CUPATION (Give kind of work warking life, even if retired)		hem Steel (o.	11. BIRTHPLACE	1		12. CITIZE WHA	N OF T COUNTRY?
3. FATHER'S NA	ME Orge Wehrman			14. MOTHER'S M Unkn	AIDEN NAME			
5. WAS DECEAS	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		a dim Na	ADDRESS	1 rkway-212
18. 11			213-09-2788	OF DEATH	· weround	1-3400 NON	rnern	INTERVAL BETWEEN
DISEASES	ANTECEDENT CAUSES OR CONDITIONS, IF A	NY, GIVING	(B)DUE TO	***************************************				
DISEASES RISE TO TI UNDERLY	OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST NG CONDITION LAST.	NY, GIVING TATING THE	(C)					
DISEASES RISE TO TI UNDERLY! Z OTHER SIG TO THE DISEASE (OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST NG CONDITION LAST.	CONTRIBUTION TO TO TO TO TO TO TO TO TO TO TO TO TO	(C) NG HE		IN	B. IF YES, WERE FILL CERTIFYING CAU	SES OF DE	
DISEASES RISE TO THE UNDERLY! OTHER SIGN TO THE DISEASE (19A. DATE O) 21A, EXTERNAL	OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST NG CONDITION LAST. II SNIFICANT CONDITIONS DEATH BUT NOT REL OR CONDITION CAUSING F OPERATION [198, CON]	CONTRIBUTING THE CONTRIBUTING TO TO TO TO TO TO TO TO TO TO TO TO TO	(C) NG HE	Yes	WHERE DID (II	CERTIFYING CAUS	SES OF DE	ATH?
DISEASES RISE TO TI UNDERLY! OTHER SIG TO THE DISEASE (19A. DATE O VIA DERLY!ING	OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST ING CONDITION LAST. II SNIFICANT CONDITIONS DEATH BUT NOT REL OR CONDITION CAUSING F OPERATION 19B, CON WAS PERF	CONTRIBUTION FOR TO TO TO TO TO TO TO TO TO TO TO TO TO	(C) NG HE WHICH OPERATION PLACE OF INJURY (e.g., i , form, foctory, street, o	Yes	WHERE DID (II	CERTIFYING CAU: Yes in Boltimore City, gi	SES OF DE	ATH?
DISEASES RISE TO TI UNDERLY! OTHER SIG TO THE DISEASE (19A. DATE O UNDERLYING UNDERLYING UNDERLYING UTING CAI 21D TIME OF INJURY (APPROX.) 22. ce	OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST NG CONDITION LAST. II SNIFICANT CONDITIONS DEATH BUT NOT RELOR CONDITION CAUSING F OPERATION 19B, CON WAS PERFORM CONTRIBUTED OF	CONTRIBUTING THE CONTRIBUTING ATED TO TO OTHER PORMED 218. home etc.) (Hour) 2 m. v	(C)	Yes in ar obout 21C. V lifice bidg., INJURY 21F. He WHILE ORK apsy X and	WHERE DID (III OCCUR?	CERTIFYING CAU: Yes in Boltimore City, gi	ses Of De	ATH?
DISEASES RISE TO TI UNDERLY! OTHER SIG TO THE DISEASE (19A. DATE O UNDERLYING UNDERLYING UNDERLYING UTING CAI 21D TIME OF INJURY (APPROX.) 22. ce	OR CONDITIONS, IF A 1E ABOVE CAUSE (A) ST ING CONDITION LAST. II SNIFICANT CONDITIONS DEATH BUT NOT REL OR CONDITION (198, CON) WAS PERF AL CAUSE WAS OR CONTRIBE- USE OF DEATH. (Month) (Doy) (Yeor) rtify that I held an Ir slited fram: Natural causes	CONTRIBUTING THE CONTRIBUTING ATED TO TO OTHER PORMED 218. home etc.) (Hour) 2 m. v	(C)	Yes in ar obout 21C. V lince bldg., INJURY WHILE ORK apsy X a Hamici CHIEF M ASSISTANT M	WHERE DID (III OCCUR? OW DID INJURY d that an this de Una EDICAL EXA	CERTIFYING CAU'Y ES in Boltimore City, gi OCCUR? basis, death in n determined manner MINER MINER	ses Of De	ATH?
DISEASES RISE TO THE UNDERLY! OTHER SIG TO THE DISEASE (19A. DATE O 21A. EXTERN. UNDERLYING UTING CAI 21D TIME OF INJURY (APPROX.) 22. I ce resu ACTUA SIGNA EXAMI NAME	OR CONDITIONS, IF A 1E ABOVE CAUSE (A) ST ING CONDITION LAST. II SNIFICANT CONDITIONS DEATH BUT NOT RELEASE WAS PERFORM TO THE CONDITION CAUSING FOPERATION 1998, CONWAS PERFORM CONTRIBUSE OF DEATH. (Month) (Doy) (Yeeld Control of the Control of Contro	CONTRIBUTION FOR STANDARD (Hour) 218. home etc.) O (Hour) 2 m., y	CO NG HE WHICH OPERATION PLACE OF INJURY (e.g., i, form, foctory, street, o) TE. INJURY OCCURRED WHILE AT NOT WORK Inspection Aut Accident Suicide M.D. Tingate, M.D.	Yes in ar obout 21C. V lince bldg., INJURY 21F. HG WHILE ORK ASSISTANT M ASSOCIATE M	WHERE DID (III OCCUR? OW DID INJURY d that an this de Una EDICAL EXA EDICAL EXA	CERTIFYING CAU'Y CS in Boltimore City, gi OCCUR? basis, death in n determined manne MINER MINER MINER MINER MINER	ses Of De. ve exoct to my apiniar er June	DATE SIGNED
DISEASES RISE TO THE UNDERLY! OTHER SIG TO THE DISEASE (19A. DATE O 21A. EXTERN. UNDERLYING UTING CAI 21D TIME OF INJURY (APPROX.) 22. I ce resu ACTUA SIGNA* EXAMI	OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST ING CONDITION LAST. II SNIFICANT CONDITIONS DEATH BUT NOT REL OR CONDITION CAUSING F OPERATION 19B, CON WAS PERF AL CAUSE WAS OR CONTRIB- USE OF DEATH. (Month) (Doy) (Yeor) II TURE NET ST IV IV IV IV IV IV IV IV IV IV IV IV IV	CONTRIBUTION FOR STANDARD (Hour) 218. home etc.) O (Hour) 2 m., y	CO	Yes in ar obout 21C. V lince bidg., INJURY 21F. HO WHILE ORK Apsy X and CHIEF M ASSISTANT M ASSOCIATE M CREMATORY	WHERE DID (III OCCUR? OW DID INJURY d that an this de Una EDICAL EXA	CERTIFYING CAU'Y CS in Boltimore City, gi OCCUR? basis, death in n determined manne MINER MINER MINER MINER MINER	ses Of De, ve exoct to my apiniar er June , town, ar c	DATE SIGNED



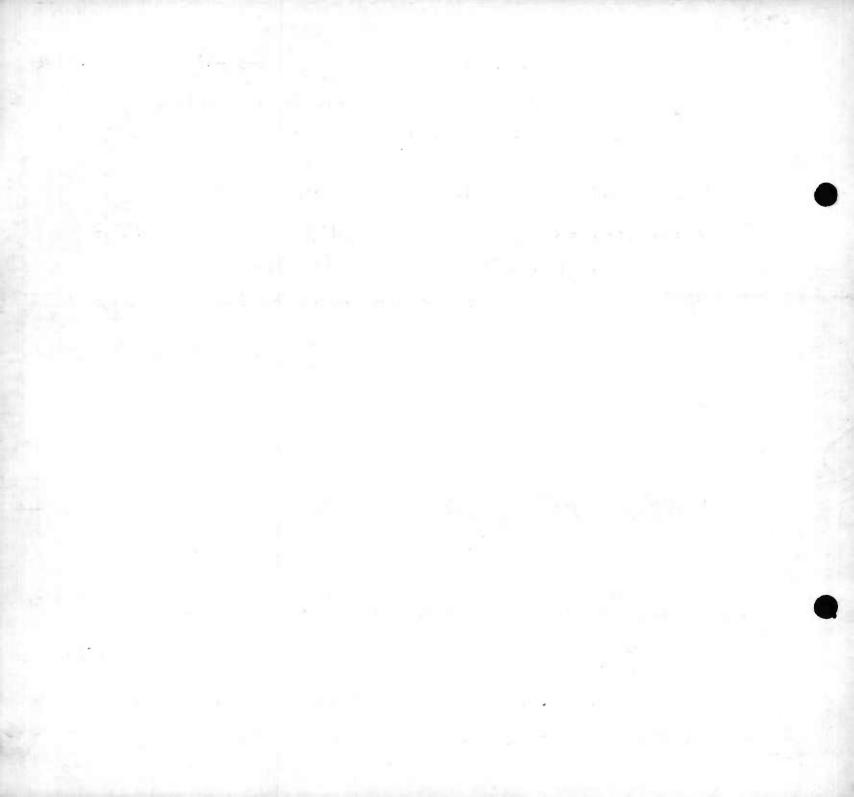
BALTIMORE CITY HEALTH DEPARTME

	BALTIMORE CITY H	EALIH DEPAKIMENT		6	7
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.	

6321

DIRITINO.	LDICAL LA	WATER O	JEKTII ICAT	E OI DEATH	
M.E. CASE NO.				2. DATE AND HOUR PRONOUN	CED DEAD
1. NAME OF DECEASED (Type or Print)	ELA F. W	ILLIAMS		Tune 29 1967	12.15 A.
3. PLACE IN BALTIMORE, MARYLANI FULL NAME OF (IF NOT IN HO			Ma	NCE (Where deceosed lived. If in B. CC B. CC B. CC B. CC B. CC B. CC B. CC B. CC B. CC B. CC	stitution: residence before admission)
HOSPITAL OR ADDRESS OR I	OCATION)	JTION, GIVE STREET			THE RUKAL and give township
			11	altimore	53-00
Baltimore Ci	ty Hospita	1	D. STREET ADDR	ESS (If rural, give location)	
30222020 01				943 Lansdale Road	
5. SEX 6. RACE	7. MARRIED, WIDO WED.	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months, Doys, Hours, Min.
Female White	WIDOU		APR. 22	1893 74	
IOA. USUAL OCCUPATION (Give kind o	of work 10B. KIND OF			State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if ret	ired)		MD.		USA
13. FATHER'S NAME			14. MOTHER'S MA	AIDEN NAME	2711
146/1/ / 100	CHROC	· K	EMMA	MILLER	
15. WAS DECEASED EVER IN U.S. AL	RMED FORCES?	16. SOCIAL	17. INFORMANT	1111	ADDRESS
(Yes, no orunknown) (If yes, give wor o	dotes of service)	SECURITY NO.		N = -	
NO		~		RECORDS	
1B. 44 3 X		CAU	SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITIO					
LEADING TO D		(A) Hyper	tensive and	d arterioscleroti cular disease	<u>c</u>
(This does not meon the mod heart failure, asthenia, etc. It r injury or complication which co	neons the disease, used death.)	MARXIA	cardiovaso	cular disease	
ANTECEDENT	LICEC				
ANTECEDENT · CA		(B) DUE TO		**************************************	
RISE TO THE ABOVE CAUSE	(A) STATING THE	501 10			
UNDERLYING CONDITION L	A31.	(C)			
<u>P</u> 11					
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CALL TO THE DEATH BUT NO DISEASE OR CONDITION	T RELATED TO T				
19A. DATE OF OPERATION 19B.	CONDITION FOR	WHICH OPERATION	20A. AUTOPSY	(Yes or No) 20B, IF YES, WERE	
WA WA	S PERFORMED		No	IN CERTIFYING CA	USES OF DEATH?
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, factory, street,	office bldg., INJURY	HERE DID (If in Boltimore City, OCCUR?	give exact location)
Z 21 D TIME (Month) (Doy)	(Year) (Hour) 2	TE. INJURY OCCURRE	D 21F. HC	OW DID INJURY OCCUR?	
OF INJURY (APPROX.)	,	WHILE AT NO	T WHILE WORK		
22.	m. N	WORK AT	WORK		
I certify that I held a	n Inquiry	Inspection X	Autopsy	I that on this bosis, death in	my opinion
resulted fram: Nature	al causes X	Accident Suic	ide Hamici	de Undetermined mar	nner 🗌
00	2			EDICAL EXAMINER	
ACTUAL SIGNATURE	1. J	200 M	D. ASSISTANT MI	EDICAL EXAMINER X	DATE SIGNED
EXAMINER'S Cha	rles S. Sp	ringate, M.I	. ASSOCIATE M	EDICAL EXAMINER	June 29, 1967
23A, BURIAL CREMATION, 23B. DA		C. NAME OF CEMETER	Y or CREMATORY	23D. LOCATION (C	ity, town, or county) (State)
11 - 1110 - 17 -	1/67	BAYARO OF REGISTRAR		BAYARD	W. VA.
24A. DATE REC'D BY HEALTH DEPT.			24C. FUNER	AL DIRECTOR SONS	300 m ac
JUL 3 196	7 00 8	2. Farbuna	LEIE	TON DURST OF	
	" Uplied	C' /(mm,	FE 1 0 /7	ION DURST O	MINITED IND.
VS 151-REV. 1/1/65		and the same	1 4 63	. 3	

BIRTH NO. 67 63	CERTIFICA	TE OF DEATH	Registered Na.	67 6322
1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
WALTER L.	PICKETT	(5-30-67	3.10 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh	ere deceased lived. If in	nstitution: residence before admission
FULL NAME OF (If not in hospitol or institution HOSPITAL OR oddress or location)	n, give street	MARYLAND	BALTIM	ORE RURAL ond give township)
THE JOHNS HOPKINS	HOSPITAL	BALTIMORE		63200
3		913 VIRGIN	frurol, give location) A AVE	
	D, NEVER MARRIED	8, DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hr
MALE WHITE MAN	RRIED (specify)	3-18-07	lost birthday	Months Doys Hours Min,
10A. USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF
dane during most of working life, even if retired)		44.0		WHAT COUNTRY?
STEEL WORKER		IVID.		USA
		14. MOTHER'S MAIDEN NA		
ARTHUR PICKET		IDA FILE	-5	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS
VNK	215-03-3779	D LIELEAN DIS	VETT	ABOVE
18. // / 5 / /				
DISEASE OF CONDITION DIRECTLY	CA03E 0	. 550111		ONSET AND DEATH
LEADING TO DEATH	211,	ani on Mana	au 1. 0. 1	401
(This does not mean the mode of dying, e., heart failure, osthenio, etc. It means the diseas injury or complication which caused death.)	(A) // // DUE TO e,	sive pulmon	on enotice	2 Tohous
ANTECEDENT CAUSES	(B)	***************************************		
DISEASES OR CONDITIONS, if any, givin				
rise to the above cause (A) stating the UNDERLYING CONDITION last.			***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	NG THE			
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION Cuboli	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	B. PLACE OF INJURY (e.g., ir	or obout 21C. WHERE DID		City, give exact location)
OR CONTRIBUTING CAUSE OF The DEATH (notify medical examine)	ame, form, foctory, street, of	fice bldg. INJURY OCCUR?		
U	IE. INJURY OCCURRED	215 116111 217	IIII O O O O O O O O O O O O O O O O O	
S OF INJURY	Vhile At The Not While	21 F. HOW DID IN	JURY OCCUR?	
	Vork Al Work	· 📙		AT .
22. I certify the (1) this hospital, attended	the deceased from	6/28	1967 to 6	130 1967
that (1) (we) ast sow the deceosed alive an	6/30	19 63 ond t	hot in (my) (our) opi	nian deoth accurred an the do
and hour and fram the causes stated obave.	(IX (Wel (did) (did nat) v	iew the bady after death.		
Welleam B. Id	M.D. Atte	nding Med.	Staff Phy s	23B. DATE SIGNED
23C. PHYSICIAN'S		23D. ADDRESS	7	1 2 7 0 /
NAME (Type)			HOPKINS HO	CDITAL
REMOVAL (Specify)	NAME of CEMETERY OF CRE			SPITAL ty, town, or caunty) (State)
BURIAL /3/67 DO	LANEY V.	ALLEY E	BALTO	MD
25A. DATE REC'D BY HEALTH DEPT 25B. NAME	of registrar being	25C. FUNERAL DIRECTO	FLLY SON	ADDRESS S 300 MAG
VS 150-REV 1/1/65		1010. 601010	~ a ~ 1)010)	, Jo- MAC

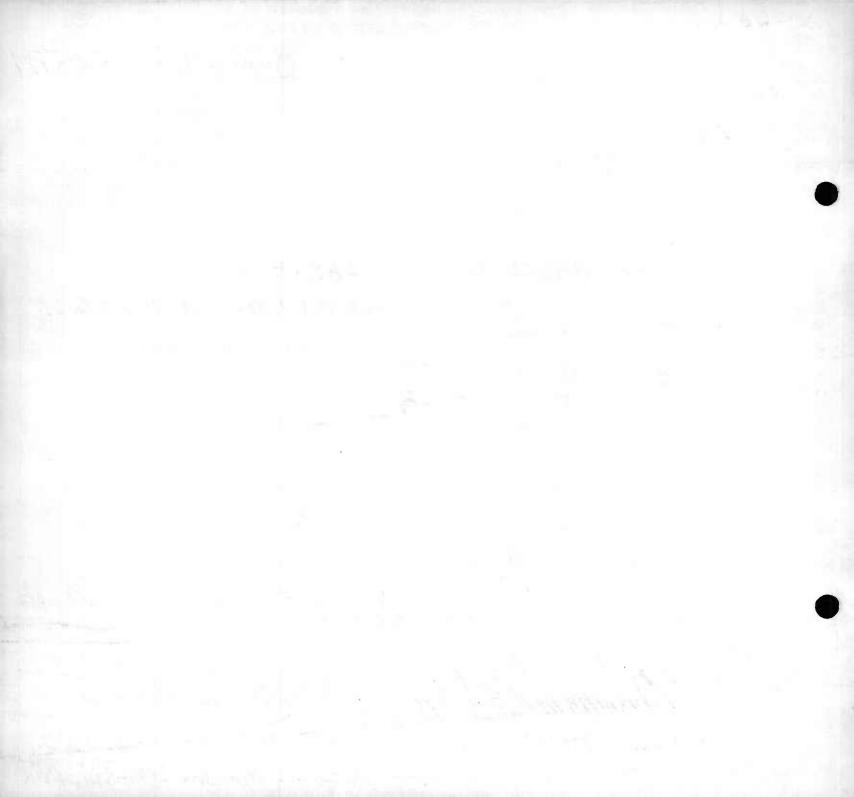


7-63 ED	BIRTH NO. 67 6323 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 67 6323
ath sed the uch	IMLE CASE NO.
death death cease on the	(Type or Print) Florence Verne King 6/2967
hospita use of (5) Dec lance o death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USBAL RESIDENCE (Where deceosed lived, If institution: residence before odd
a hos cause se; (5) andand	FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION C. CITY OR TOWN (If outside city limits, write RURAL and give township)
l in a hospital and age cause of death cause; (5) Deceased attendance on the ior to death. Such	Baltimore City Hospitals 4940 Eastern Ave. D. STREET ADDRESS (If rurol, give locotion)
0.5	Baltimore, Maryland # 21224 401 Mace Avenue 21221 005
occurre ontribut ermined regular eased p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Divorced 8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) Months: Doys Hours 45
00 - 0	10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
de de de de de de de de de de de de de d	Housewife Housewife Baltimore Co. Maryland U.S.A.
directify (4); (4) which the dispense	Eugene Stansbury S. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS ADDRESS 17. INFORMANT ADDRESS ADDRE
9 9 9 9	(Tes, no of unknown) (If yes, give wor or dotes of service) SECURITY NO.
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- v o = + 6	LEADING TO DEATH
iner or iner. Al racture prono gular at	hearl failure, osthenia, etc. II means the disease,
xamin camine A frac who p regul	ANTECEDENT CAUSES DUE TO
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medical medical burns; physicia an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
chief y a m Body the p tysicic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 27C, WHERE DID. (If in Bulli-LES its give event location)
the class by (2) B ere the phy efere	The content of the control of the co
+ 2 0 0 0	
oved by e hospite nature; cept wh nd (6) Ne	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
prov the I ny n exce and	22. I certify that (I) (this haspiter) attended the deceased from
d 0	(-) 5
W 75 . + + -	and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. D. A/E SIGNED
a to the a	Med. Phys. Director Phys.
0 0 0 0	23C. PHYSICIANS NAME (Type) AME (Type) AME (Type) M.D. (23D. ADDRESS (M.D.)
This certif the body shows: (1) was D.O./ deceased written a	Burial 7-3-1967 Gardens of Faith Cemetery Baltimore Co. Md.
This ce the boo shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 2
	VS 150-REV. 1/1/65

VS 150-REV. 1/1/65

ype or Print	Norman LeRo	Thomas			June 28, 1967	9:50A
PLACE OF DEAT	H IN BALTIMORE, M	MARYLAND			Where deceased lived. If	institution; residence before admissio
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospite address or local	ol or institution, (give street	Maryland C. CITY- OR TOWN	Anne Arund (If outside city limits, with	e RURAL ond give township)
0	Gould Con		t Home Balto, Md	D. STREET ADDRESS	21225 (If rurol, give location)	52-00
	CIIC DEIG	ili moedy	Dar 00 , IM	215 Dor:	Ls Avenue	
	Cauc	WIDOWED	NEVER MARRIED D. DIVORCED (specify Married BUSINESS OR INDU		9. AGE (In years lost birthdoy) 62	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	ATION (Give kind of working life, even if retired		BUSINESS OR INDU	STRY 11. MRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maintenand			rundel Coun	tv Baltimore	Maryland	U.S.A.
3. FATHER'S NAME		1223330		14. MOTHER'S MAIDE	N NAME	U.D.R.
George !	Thomas			Eckert		
	ver in U. S. Armed I	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown)	If yes, give wor or de	otes of service)	SECURITY NO.			407 Jeffrey Street
No			219-01-218	3 Mrs Katherin		Balto, Md 21225
(This does no heart lailure, a	OR CONDITION I EADING TO DEAT I meon the mode sthenio, etc. It mea	H ol dying, e.g., ns the disease,	(A) A	arcinoma q	fleftelu	ng
Control of the Contro	EADING TO DEAT I meon the mode sthenio, etc. II mea licotion which caus NTECEDENT CAUS CONDITIONS, if above cause (A CONDITION lost. II CANT CONDITIONS ATH BUT NOT RE ONDITION CAUSING OPERATION 198. CO	H ol dying, e.g., ns the disease, ed death,) ES I ony, giving \(\) stating the CONTRIBUTING SIT.	(A) (B) (C) (C) GE WHICH OPERATION	arcinoma que la la la la la la la la la la la la la	losis egylesis usespica usespica usespica usespica in Certifying c	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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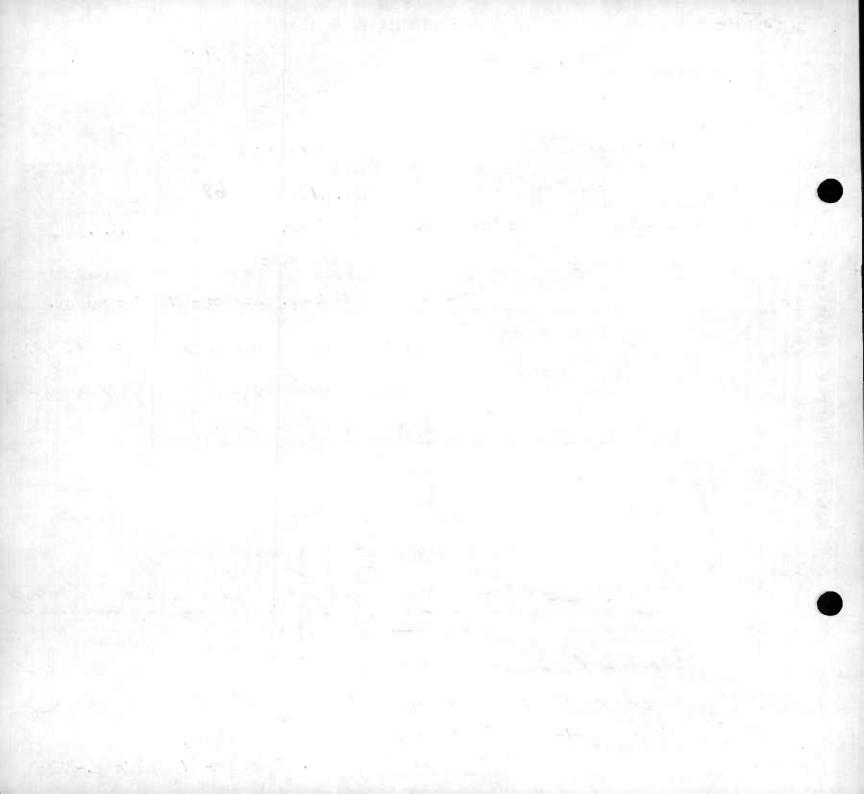
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,	death death ceased on the	M.E. (1. NAA (Type
	if death occurred in a hospite set or contributing cause of t) Undetermined cause; (5) De- was in regular attendance the deceased prior to death position is made.	5. SEX
RTANT	f the direy kind; (4) death ance on final dis	15, We (Yes, no
IMPO	Also, if ure of an onounced attended	(18
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION MEDICAL CERTIFICATION 144 152 153 153 154 155 155 155 155 155
	s: (1) D.O.A. ased per appear	24A. I
	This the bashow was decen	25A.

	De or Print)	Barranco	June 27, 196			
3. P	PLACE OF DEATH IN BALTIMORE, M		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission			
F	FULL NAME OF (If not in hospite	of or institution, give street	A. STATE B. COUNTY			
H	HOSPITAL OR oddress or location		C. CITY OR JOWN (If outside city limits, y	vrite RURAL and give towaship)		
1			Baltimore	2/-0		
	2412 Pinewood Aven		D. STREET ADDRESS (If rurol, give locotion			
	Ziiz idiewood Aven		2412 Pinewood Aver			
5. \$		7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours Mir		
	ale White	Married	Y 11. BIRTHPLACE (Stofe or foreign country)			
	. USUAL OCCUPATION (Give kind of we aduring most of working life, even if retired	ork 10B, KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (Stofe or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	Electrician	Nochiemontz (o.	Baltimore, Maryland 14. MOTHERS MAIDEN NAME	U.S.A.		
13.	FATHER'S NAME		14. MOTHERS MAIDEN NAME			
	Joseph Barranco		Mary DeLuca			
15. \	Was Deceased Ever in U. S. Armed F		17. INFORMANT	ADDRESS		
tres	s, no or unknown) (If yes, give war or do	217-09-4939	Lillian A. Barranco 4	2/2 0: / /		
	18. 4 (2/4) 4	1 1 121	DE DEATH	INTERVAL BETWEEN		
	DISEASE OR CONDITION E			ONSET AND DEATH		
	LEADING TO DEAT	H	instin Programme	2 / 1000		
	(This does not meon the mode	ol dying, e.g., DUE TO	N Str	- acay		
	heart failure, asthenia, etc. It mear	ns the disease, ed death.)	-			
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70705	BIRTH NO. 6328 CERTIFICATE OF DEATH Registered No. 67 6328
TO SE TO	M.E. CASE NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH
	(Type or Print) HOPKINS, SOSEPH M. 6/30/67 3. 15- 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before 6d A. SIATE B. COUNTY
a hospita cause of se; (5) Dec indance o to death.	FULL NAME OF (If not in hospital or institution, give street hospital or oddress or location) CITY OF TOWN (If article site limits write PURAL and site terror of the control of the cont
c 52.	TRANKLIN SOCIARE HOSP. BALTIMORE D. STREET ADDRESS (If rurol, give location)
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+ e = e	MACHINIST Repres Co. MARYLAND WHAT COUNTRY?
ssiste the the kin dec nce final	EBORBE HOPKINS ADA FISHER 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 212-09-8632 17. INFORMANT 2008/14 4. HOPKINSST. (Some)
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If Under 24 Hrs. Hours Min.

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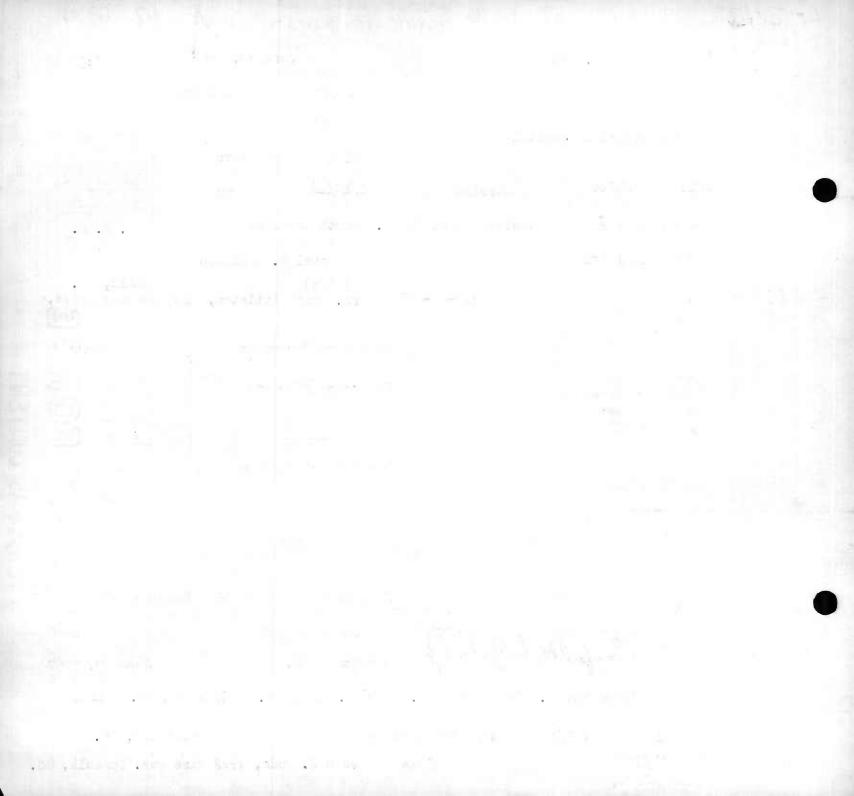
ADDRESS

Hours

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4	d in a hospital and ing cause of death cause; (5) Deceased attendance on the rior to death. Such
PORTANT	is assistant if death occurred, if the direct or contributiony kind; (4) Undetermined death was in regular indance on the deceased by or final disposition is made
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a closent of except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained hefore the remains are embalmed or final disposition is made.
•	This certificate must be approved the body was released to the hos shows: (1) An accident of any natuwas D.O.A. at a hospital (except deceased prior to death); and (6) written approved must be obtained

A.E. CASE NO.		6330 CERTIFICA	ATE OF DEATH Registered	No. 67 6330		
NAME OF DE	Ray C. Litt.	leton	June 29, 1967	4:30 AM		
FULL NAME	OF (If not in hospital	Or institution, give sheet	4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before odmission A. STATE B. COUNTY Maryland Baltimore			
HOSPITAL OR	oddress or locotio	n)	Dundalk	rite RURAL and give township)		
Olizoti .		2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	820h Gumtree Drive)		
sex Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH 2/18/06 9. AGE (In yeors lost birthdoy) 61	If Under 1 Yr. If Under 24 H Months Doys Hours Min.		
	I working life, even if retired)	Western Electric Co.	11. BIRTHPLACE (State or foreign country) North Carolina	12. CITIZEN OF WHAT COUNTRY?		
3. FATHER'S NA			14. MOTHER'S MAIDEN NAME	0. 5. A.		
John L	ittleton		Mabel S. Hamilton			
NO Decease	d Ever in U. S. Armed For (n) IIf yes, give war ar date	16. SOCIAL SECURITY NO. 216-03-5938	17. IN(WITE) Mrs. Myra Littleton, 820	Dundalk, Ma. O4 Gumtree Drive,		
18. 3 2	2.11		DF DEATH	INTERVAL BETWEEN ONSET AND DEATH		
DISEA	ASE OF CONDITION DI	and the second s	ilmonary Emphysema	6 years		
heart failure	not meen the mode of , asthenia, etc. II means mplication which coused ANTECEDENT CAUSES	the disease, deoth.)	almonary fibrosis			
rise to t	OR CONDITIONS, if the abave cause (A) IG CONDITION last.		•			
TO THE	NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING	ATED TO THE	ight heart failure			
O No	WAS PER	IDITION FOR WHICH OPERATION	NO 20 A. AUTOPSY? (Yes or No! 20 B. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?		
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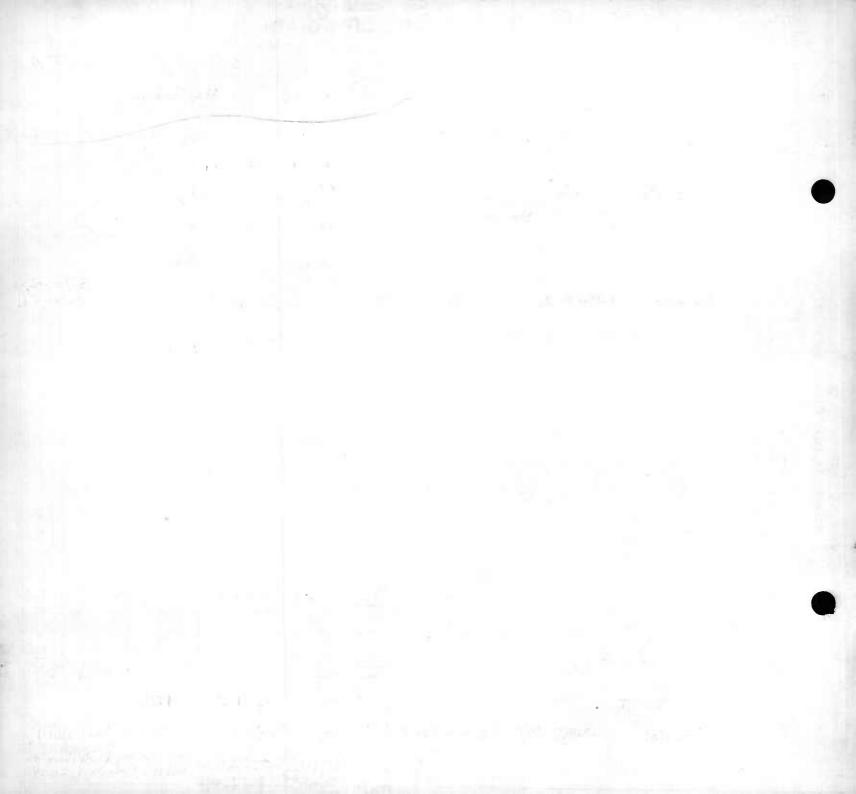
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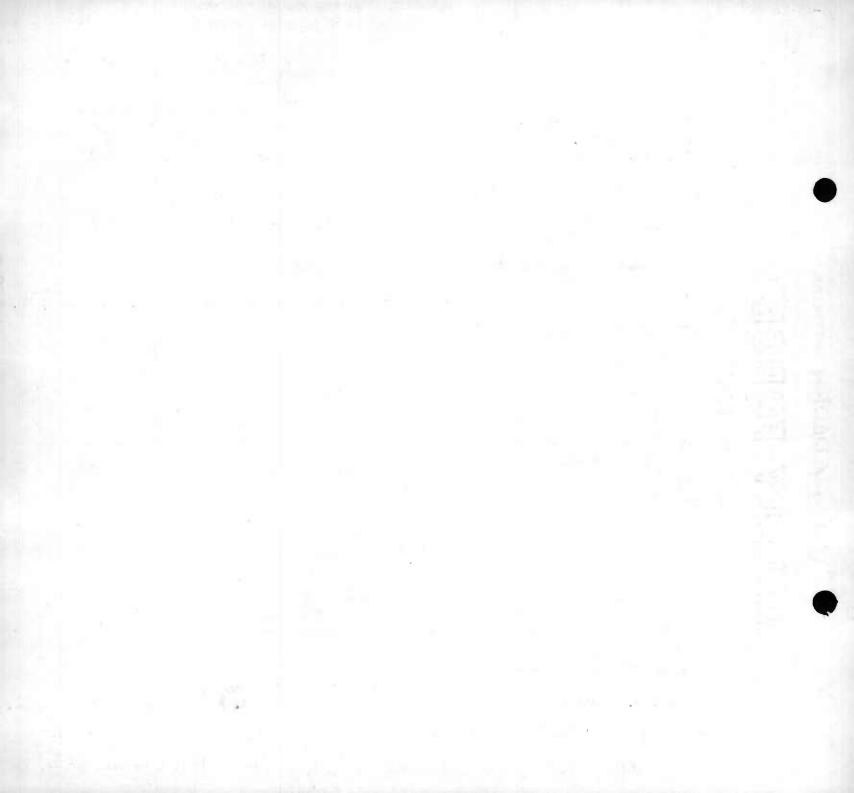
OP OF	BALTIMORE CITY	HEALTH DEPARTMENT		67 6333			
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	07 0000			
M.E. CASE NO. 1. NAME OF DECEASED			HOUR OF DEATH				
	CAR15	Z. DATE AND	39	7 1/12.1			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	011113	TA JISTIAL PESIDENCE (Where	deceased lived If in	stitution: residence before admission)			
The state of the s		A. STATE B. COUNTY					
FULL NAME OF (If not in hospital or institut	ion, give street	305 S. A	E WELL	K MD.			
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outsice	le city limits, write	RURAL ond give township)			
CHURCH HOME	& HOSDITAL	134 670		26-01			
Grand Horiz	F 110 Spring	D. STREET ADDRESS (If run	ol, give locotion)	10.00			
		305 5	NEW				
SEX 6. RACE 7. MARI	RIED, NEWER MARINED (specify)		AGE (In years	If Under 1 Yr. If Under 24 Hrs.			
	MARRIED	57-191	76	Williams Day's Hours IVIIII.			
OA. USUAL OCCUPATION (Give kind of work 108. KIN		11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF			
one during most of working life, even if retired)		Green		WHAT COUNTRY?			
HOUSEWIFE		/ file		1 4 > A			
S. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
REINO PAI	KIDES	MRGIR	01 7	BINKS			
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS			
(es, no or unknown) (If yes, give wor or dates of servi	ce) SECURITY NO.	Mr. Costas S	Salaris	7 1			
/Y 3		305 5 . News	ICK St.	Baltimore, Ma			
18.33/XI	CAUSE O	F DEATH	/	ONSET AND DEATH			
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(This does not mean the mode of dying, heart failure, asthenia, etc. It meons the dise	ase,	2					
injury or complication which caused death.)		hermon		orange			
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(APPROX.)	While At Not While Work At Work	e 🗌					
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	22. I certify that (I) (this haspital) attended the deceased fram 6 2 5 19 6) ta 6 2 9 19 6 7						
that #1 (ce) Tast saw the deceased alive	an	27.19.6.9and that	in(my) (aur) api	nian death accurred an the dat			
and haur and fram the causes stated abav	e. (1) (We) (did) (did-not)-	iew the bady after death.					
23A. SIGNATURE				23 B. DATE SIGNED			
To annual Ra	Clara M.D. Atte	ending Med. St. Director Pt	off S	6/29/19			
25C. PHYSICIAN'S		23D. ADDRESS	ıys. La	4/2//4/			
NAME (Type)	- 1	Cilly in a M	11-1-	E Has			
TRANCISED BAC	TAZAR M.D.	THURCH	HOME	& ITUSPITAL			
AA. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CRI	EMATORY 24D. LOC	ATION (Ci	ty, town, or county) (Stole)			
B 1 7/1/67	Greek Ortho	dox Com. R.	itimore	14/			
25A. DATE REC'D BY HEALTH DEPT. 25B. NA				ADDRESS			
JUL 3 1967 (R.O.,	& & starbuna	Nicholas T	Matthe	WS 2 1 A			
VS 150-REV, 1/1/65		3021 East	ern Av	= Daltimare Me			



1. (T	LE CASE NO. NAME OF DECEASED ype or Print) FLANCE OF DEATH IN BALTIMORE, MARYLAND	2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH (30/67) [4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or lacotion)	MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township)
3 B	The Johns Hopkins Hospitel	D. STREET ADDRESS (If rurol, give location)
Ē	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 12/15/19 13/14 EWING STREET. 19. AGE (In years lost birthdoy) 10/15/19 11/17 12/15/19
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY and during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	FATHERS NAME MOORE	14. MOTHERS MAIDEN NAME Casaline Clark
1112	was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of service) CS Armed Forces? 16. SOCIAL SECURITY NO. 244-38-732	Mr. Samuel W. Fourley Bel Air, and
-	18. / 3 3 1 CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	Colon - terminal
	ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	
remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
0.11.10	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO.
	OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF C	in or about 21C. WHERE DID (If in Baltimote City, give exact lacation) office bldg., NJURY OCCUR?
2	21D. TIME (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) While AI Not White At Work	21F. HOW DID INJURY OCCUR?
	22. I certify that (1) (this hospital) attended the deceased from	9/1967 and that in (my) (aur) apinion death accurred on the da
	and haur and from the couses stated above. (1) (We) (did) (did not) 23A SIGNATURE When the couses stated above. (1) (We) (did) (did not) 23A SIGNATURE M.D. At Ph 23C. PHYSICIAN'S NAME (Type)	tending Med. Stoff Phys. 23B. DATE SIGNED 23B. DATE SIGNED 43D. ADDRESS
	ROBERT W. SWAM	THE JUHNS HUPKING HUSPITAL
2	13. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	

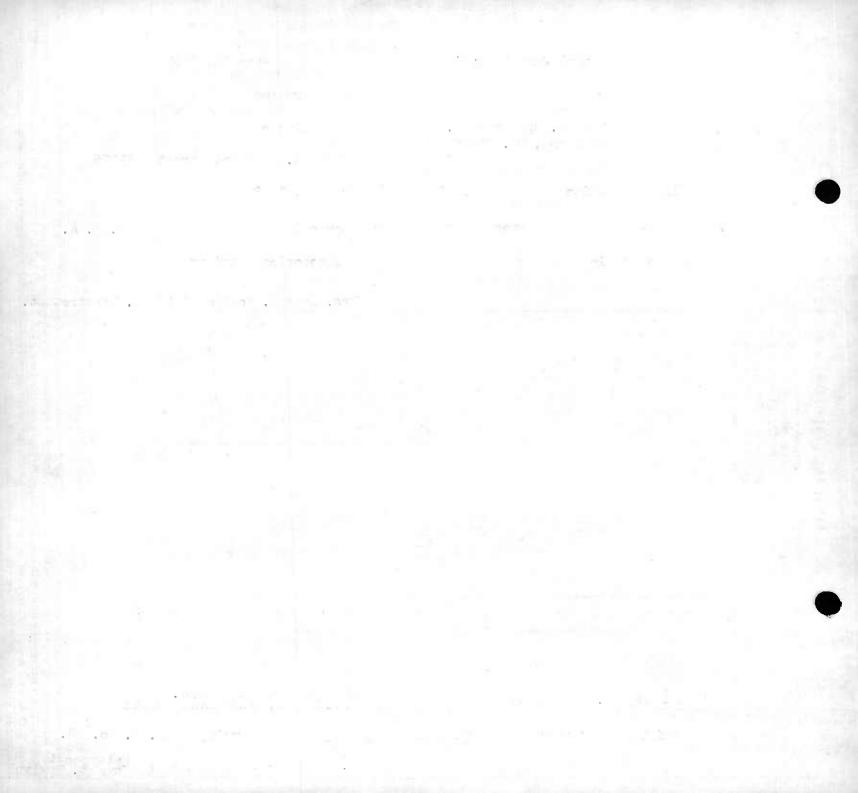


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Type or Print)	rene M. Dorst			2. DAT	30/67	15 30 am
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HOSPITAL OR	oddress or locotion	n)	ive sheet	C. CITY OR TOWN	(f outside city limits, write	RURAL ond give mynthip)
	e City Hospit	als		Baltimore		2600
	tern Ave. e, Maryland	# 2122	<i>J</i> .	D. STREET ADDRESS 1315 Grego	(If rurol, give location)	224 007
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Female	White	WIDOWED	, DIVORCED (specify) Wed	11-6-91	lost birthdoy) 75	Months Doys Hours Min.
IOA, USUAL OCCI	UPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
He	oseur Fe			Marylo		USA.
13. FATHER'S NA	ME	^		14. MOTHERS MAIDEN	NAME	
	Geor			Barbara V	(Reuzen	
Yes, no or unknown	(If yes, give wor or dote	ces? s of service)	SECURITY NO.	17. INFORMANT		# 21224
NO			220125015A	<u> </u>	4940 Eastern	Ave. Baltimore, Md.
18.3 FIST A	SE OR CONDITION DI	DECTI V		OF DEATH		ONSET AND DEATH
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	not mean the mode of osthenia, etc. It means		DUE TO		<i>f</i>	
	aplication which caused		M	eningitie		23 days
	ANTECEDENT CAUSES OR CONDITIONS, if		DUE TO	7		
rise to the	e above couse (A) G CONDITION (ast.		(C)			
ONDERLING	II					
	IFICANT CONDITIONS OF		Re 1 t	bular Nees	hanin	Ida.
	CONDITION CAUSING	IT.				7
19A. DATE OF	OPERATION 198. CON	FORMED	WHICH OPERATION	NO	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
21 A. ACCIDE	NT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE D		re City, give exoct locotion)
DEATH (notify	medical examiner)	etc.		, ince diag., income dece	В.	
21D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		INJURY OCCUR?	
(APPROX.)	~	Whi	lle At Not Wh			0/-
22. I certify	that (I) (this hospita	Hattended ti	1 12 11	c/7	1967 10	5/30 1967
	lost sow the decease		6/29			inion death accurred on the date
		ted obove. (I) (We) (did) (did not)	view the body ofter de	oth.	DATE SIGNED
23A. SIGNATU	15		M.D. At	ending Med.	Stoff S	23B, DATE SIGNED
23C. PHYSICIA	ins mer	Ron	Ph	ys. Director L	Phy s.	6/30/67
NAME (1	(ype)		M.D.	Baltimore Ci		. M 7 // // // // // // // // // // // // /
WM.		24C. N	AME of CEMETERY OF CI		Ave. Baltimon	re Maryland #21224 ity town, or county) (Stote)
BURIA	3pecify) 7/3/67	B	Humore Weter	4/ Juntary	Be Hours	Manglend
	BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FINERAL DIRE	/ / /	ADDRESS
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.
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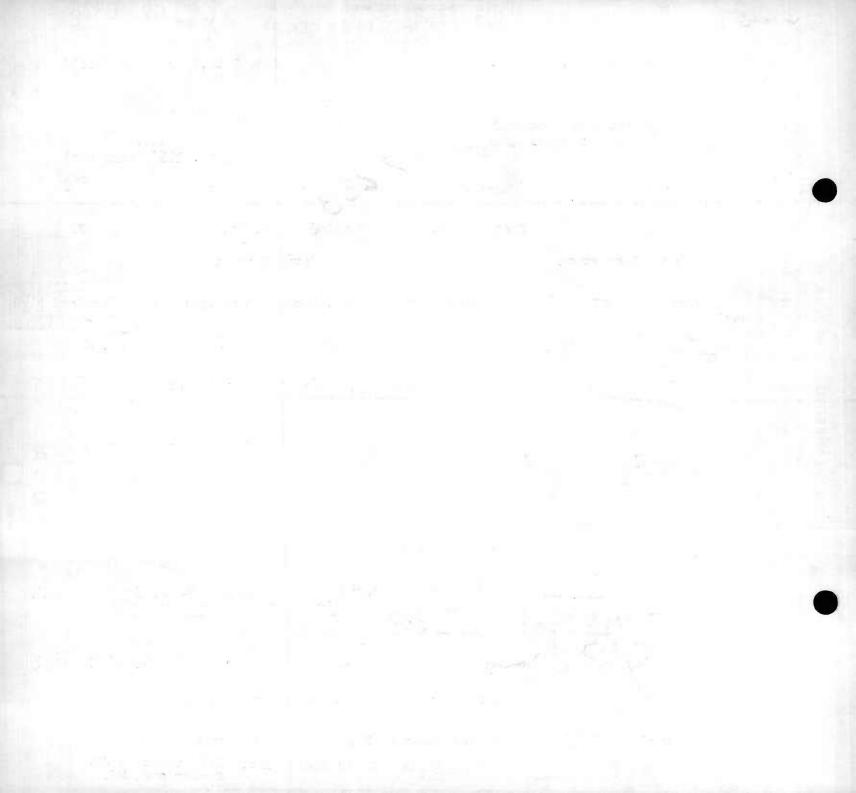
	AME OF DECE	ASED		2. DATE AN	D HOUR OF DEATH		
Тур	e or Print)	Aurel Jo	oseph Kostin	Ju	ne 30, 1967		
F	ULL NAME OI		or institution, give street	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission and Maryland			
	OSPITAL OR NSTITUTION		Margaret St. , Md. 21225	Baltimore D. STREET ADDRESS (If	tside city limits, write R	tural ond give township)	
	, , , , , , , , , , , , , , , , , , , ,			3725 St. Margaret Street 21225			
5. S	Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH	9. AGE (tn years lost birthday)	Months Doys Hours Mir	
		vorking tite, even if retired)	Amer Sugar Refinery		ign country)	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. F	George			14. MOTHERS MAIDEN NAM			
	Vas Deceased	Ever in U. S. Armed Fore (If yes, give wor or dote		17. INFORMANT		ADDRESS St. Margaret St	
		P E . L. L. L	double)				
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IFICATION	DISEASES OF THE DISEASE OF THE DESCRIPTION OF THE D	ANTECEDENT CAUSES R CONDITIONS, if above cause (A) is CONDITION last, II FICANT CONDITIONS CEATH BUT NOT RELACEMENT CAUSING I	ONTRIBUTING TED TO THE T. ODUE TO OUE 20A. AUTOPSY? (Yes on No	o) 20B. IF YES, WERE F	FINDINGS CONSIDERED		
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		OF	000	BALTIMORE CITY	HEALTH DEPARTMENT	\/	67	6338	
201.010	H NO.	61	6338	CERTIFICA	TE OF DEATH	Registered No.	01	0000	
	AME OF DEC	EASED			2. DATE	AND HOUR OF DEATH			
(Typ	e ar Print) I	eatherman, Ha	arry E.		Ju	ne 27th,1967		11:55	PM
3. F		ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (W	here deceased lived. If in	stitution:		dmissian)
					A. STATE B. COL	JNIT	Ba	1/2	
ŀ	FULL NAME OF	F (If nat in haspital address ar location	or institution, (n)	give street	Maryland	outside city limits, write	RURAL OF	d give tawnship)	
1	NSTITUTION S	Saint Agnes Ho	spital		Baltimore	outside city initia, wime	RORAL UII	53-00	
17		aton & Wilker	1			If rural, give lacation)	01007	0000	
-			2	1229	4749 Westl	and Blvd. 24	21227 30	Arbutas)	
5. S	EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	I (f Unde	r 1 Yr. If Unde	r 24 Hrs.
	Male	White	Marr	o, DIVORCED (specify)	2/15/97	last birthday)	Months	Days Hours	Min.
					11. BIRTHPLACE (State or fo	preign country)		ZEN OF	
don		warking life, even if retired)	Chaha	. e wa	Description L	7 77-	WH	AT COUNTRY?	
13	Retir		State	of Md.	Burlington, W			USA	
130									
		Leatherman			Sarah E	easter			
15. Yes	Wos Deceased , no or unknown	Ever in U. S. Armed Far (If yes, give war ar date	ces? es of service)	1 6- SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS 2122	7
	Yes	WWI		235-30-0304	Mrs. Dorothy	Leatherman	4749	Westland	
	18.40	0.11		CAUSE O				INTERVAL BETW	EEN
	DISEAS	SE OR CONDITION DI	RECTLY	C	. 0			ONSET AND DE	AIH
		LEADING TO DEATH		(A) CO1	RONARY UCCI	USION		HR.	
		iol mean the made af osthenia, etc. Il means		DUE TO		•			
		plicolian which coused		PHI	an adolantic ([] Dusage			
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		e abave cause (A) 3 CONDITION last.	sloling the	(C)					
		11							
N	OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING	3					
ATIO		EATH BUT NOT RELA		E					
FIC	19A. DATE OF	OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes ar	Na) 208. IF YES, WERE	FINDING	CONSIDERED	
ERTIFIC	0	WAS PER	FORMED			IN CERTIFIENCE CA	USES OF	DEATH?	
Ü	21A. ACCIDE	NT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	fice bldg, INJURY OCCUR?	(If in Baltima)	e City, gi	ve exact lacation)	
AL		medical examiner)	etc.l		nes oragi, maski o ccok.				
MEDIC	21 D. TIME	(Manth) (Day) (Year)	(Haur) 21 E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?			
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	22. I certify	that (1) (this hospita	l) attended ti		Jay 28	1962 to Hu	NO A	c19	61
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	and hour one	from the couses sta	ted above. (I) (We) (did not) v	iew the body ofter deot	٦.			
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		XDW7. (1	horles	M.D. Atte	s. Med. Director	Staff Phys.	Her	e28 19	68
	23C. PHYSICIA	N/S	1)		23D. ADDRESS		1		
	NAME	yper	John So	chaefer M.D.	/01 Dand	Dd Da1+-	MA		
244	BURIAL CRE	MATION, 248. DATE		AME of CEMETERY OF CRE		Rd., Balto.,	Md.	ar caunty)	(Stote)
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0.7	Buria	1 7/1/67	Su	nset Memorial	Pk.	Cumberland,	Md.		
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CERTIFICATE OF DEATH Registered BIRTH NO. 2. DATE AND HOUR OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY (If outside city limits, write RURAL and give township) (If rurol, give location) Tech 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours tost birthdoy) March 25, 1908 5 4 12. CITIZEN OF WHAT COUNTRY? Batto, ma 4. MOTHER'S MAIDEN NAME Alice Gietka ADDRESS 232 Eastern Ave. Mrs. Daisy Maczka INTERVAL BETWEEN ONSET, AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, toctory, street, office btdg., INJURY OCCUR? (It in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? ond that in(my) (our)/opinion death accurred on the date ond how and from the couses stoted obove. (11/(Well (did)/(did not) view the body ofter deoth. 23B. DATE SIGNED Stoff Director Phys. 24D. LOCATION (City, town, or county) Baltimore, Maryland 25C. FUNERAL DIRECTOR ADDRESS Lilly & Zeiler Inc. 1901-07 Eastern Ave. VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) STEFANSKI July 1, 1967 death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)
A. STATE
B. COUNTY Maryland FULL NAME OF HOSPITAL OR (If not in hospitol or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RUBAL and give township) INSTITUTION Baltimore Johns Hopkins Hospital D. STREET ADDRESS (tf rurol, give tocotion) 5100 Eastbourne Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH tf Under 1 Yr. Months: Doys If Under 24 Hrs. WIDQWED, DIVORCED (specify) tost birthdoy) Hours Male White Single Sept. 27, 1907 11. BIRTHPLACE (State or foreign country) IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? American Radiator Baltimore, Maryland Box Maker 14. MOTHERS MAIDEN NAME 13. FATHER'S NAME John Stefanski Mary Kujawa 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 11-12-42 11-1-45 213-01-4357 WWII Miss Antoinette Deca 1002 S. Clinton St. CAUSE OF DEATH ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY esent Cardiac infaction LEADING TO DEATH (This daes not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving fa the abave cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., tNJURY OCCUR? DEATH (notify medical examiner) MEDIC (Month) (Dov) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) At Work Work 22, I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive anand that in(my) (over) apinion death accurred an the date and haur and fram the causes stated abave. (1) (We) (did nat) view the bady after death. 23A, SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Stoff Director 23C PHYSICIAN'S 23D. ADDRESS

M.D.

24C. NAME of CEMETERY of CREMATORY

VS 150-REV. 1/1/65

05, 24A. BURIAL CREMATION, 24B. DATE

25A. DATE REC'D THEATH

NAME OF REGISTRAR

St. Stanislaus

RONUSHAS

Baltimore, Maryland

25C. FUNERAL DIRECTOR Lilly & Zeiler Inc. 1901-07 Eastern Ave.

(City, town, or county)

Burial

Was

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Howard lauder organisters I want 144673467 D. B. Mondo his Los B. BRONUSHAS BASTO DILLON St Davis No

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BALTIMORE CITY HEALTH DEPARTMENT

IRTH NO. 7 6343 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67

M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print)				2. DATE AN	D HOUR PRONOUNC	ED DEAD	
WILBUR C. H	WILBUR C. KRITWISE IN BALTIMORE MARTIAND, WHERE PRONOUNCED DEAD ME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR LOCATION) ME OF ADDRESS OR LOCATION) ME OF ADDRESS OR LOCATION) ME OF ADDRESS OR LOCATION) ME OF ADDRESS OR LOCATION) ME OF ADDRESS OR LOCATION) 18 Stamford Road C. CITY OR TOWN (If outside corporate limits, write RURAL or INSTITUTION, GIVE STREET ADDRESS (If rure), give locosion) 518 Stamford Road C. CITY OR TOWN (If outside corporate limits, write RURAL or INSTITUTION, GIVE STREET ADDRESS (If rure), give locosion) 518 Stamford Road C. CITY OR TOWN (If outside corporate limits, write RURAL or INSTITUTION, GIVE STREET ADDRESS (If rure), give locosion) 518 Stamford Road C. CITY OR TOWN (If outside corporate limits, write RURAL or INSTITUTION, GIVE STREET ADDRESS (If rure), give locosion) 518 Stamford Road A. OCCUPATION (Give kind of work loft find		12:25 a M.				
3. PLACE IN BALTIMORE, MARYLAND, V	WHERE PRONOUNC	ED DEAD	A. STATE	DENCE (Where	deceased lived. If inst		ence before odmission)
FULL NAME OF (IF NOT IN HOSPI' HOSPITAL OR ADDRESS OR LOC INSTITUTION	TAL OR INSTITUTION	ON, GIVE STREET	c. CITY OR TO	and WN (If outsid	e corporote limits, write	RURAL ond	give township)
			Balti	more		2	-00
			D. STREET ADD	RESS (If rurol,	give location)		
518 Stamford Road							
Mala Uhita	WIDO WED, DIV	ORCED (specify)	Oct. 6	/06	lost birthdoyl	Months D	1 Yr. If Under 24 Hrs. Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of wo	rk 108. KIND OF BL	SINESS OR INDUST	RY 11. BIRTHPLACE	(State or foreig	gn country)	12. CITIZEN	N OF COUNTRY?
SecTreas.	Falco	ner Co.	Mary	land			USA
13. FATHERS NAME Frederick Kri	twise						
			Mts. He			ADDRESS	
LEADING TO DEAT (This does not meon the mode of heart foilure, ostherio, etc. It meon injury or complication which coused ANTECEDENT CAUSI DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST.	H of dying, e.g., is the disease, deoth,) ES ANY, GIVING STATING THE	(B)DUE TO	rterioscle	rotic H	eart Disease	2	
TO THE DEATH BUT NOT R	ELATED TO THE	CH OPERATION	20A. AUTOPS	Y? (Yes of No)	20B. IF YES. WERE FI	NDINGS CO	ON SIDERED
	RFORMED 218, PLA	CE OF INJURY (e.g.	YES	WHERE DID	IN CERTIFYING CAU	SES OF DEA	ATH?
UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Ye-	etc.)	INJURY OCCURRED		OW DID INJ	JRY O CCUR?		
OF INJURY (APPROX.)	m. WHI	LE AT NOT	WHILE WORK				
22. I certify that I held an	-		utopsy X an	d that on th	is bosis, deoth In r	ny opinion	
resulted from: Notural co	ouses X Acci	ident Suici			Undetermined mann	er	
ACTUAL SIGNATURE	Hul	un M.	D. ASSISTANT M	EDICAL EX			DATE SIGNED
EXAMINER'S NAME (Type) Russel	l S. Fishe	r M D	ASSOCIATE A	MEDICAL E		Tune 28	3. 1967
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)		AME OF CEMETERY	or CREMATORY	23 D. L		town, or co	
Burial 7/1/6	57	Loudon Pa	ark Cem.	15	Bal timore,	Md.	
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF	REGISTRAR	24C. FUNER	AL DIRECTOR			DDRESS
7111 3 1967	P.D. 52	talkenta	Witz	ke F. I	4101 Ea	mondo	· Ann

300 July 1 TENERS OF THE STATE OF THE STAT BELLEVIEW NATIONAL CORNEL ANDRESS . TEV PERSONAL AND PROPERTY AND ADDRESS OF

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All Lands Land

VS 151-REV, 1/1/65

I. NAME OF DE	CEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD		
(Type or Print)	WIL		FRAWSER			28, 1967		2:00 P	M
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	I A. STATE		eceosed lived. If inst B. COL	itution: resi	dence before o	dmi s sio
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET		aryland	corporate limits, write	PILDAL	nd aive townel	nia)
HOSPITAL OR	ADDRESS OR LOCA	TION)		C. CIII OK 10	VIA (II OUISIDE	corporote initias, with	16	illa dire io wils	1197
					altimore		1		
Fra	nklin Square	Hospita	1 (DOA)	D. STREET ADDI		1houn Stree	et		
. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRT	Н	9. AGE (In years lost birthdoy)		r 1 Yr. If Unde	
Male	White		DIVORCED(specify)	June 5	. 1903	64	Monms	Doys Hours	14/11
	CUPATION (Give kind of work					country)	12. CITIZ	EN OF	
one during most of	working life, even if retired)			W. Va			WH3	A COUNTRY?	
3. FATHER'S NA	ME	1		14. MOTHER'S M	AIDEN NAME				
	ED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	B. Strw	CAN	ADDRES	S	
res, no or unknow	n) (If yes, give wor or date	s of service	217-10-6598		Calhoun				
18. //	0.0		CAUSE	OF DEATH	Oalifoun	504		INTERVAL BI	FTWFF
42	0,01		CAUSE	OF DEATH				ONSET AND	
DISEA	ASE OR CONDITION DI	RECTLY							
	LEADING TO DEATH		Ar	teriosclei	cotic he	art disease	9	-	
(This does	not meon the mode of	dying, e.g.,	DUE TO						
heort foilure	e, osthenio, etc. It meons omplication which coused	the disease,							
	mphoducti which coddoc								
	ANTECEDENT CAUSE	S							
	OR CONDITIONS, IF A		(B)						
RISE TO TH	HE ABOVE CAUSE (A) ST		DOE TO						
	ING CONDITION LAST.		(C)						
5			()/						
OTHER SIG	II SNIFICANT CONDITIONS	CONTRIBUTE	NG						
O THE	DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO							
19A. DATE O	F OPERATION 198, CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY		OB. IF YES, WERE FI			
5 0	WAS PER	FORMED		No	1	N CERTIFYING CAU	SES OF DI	EATH?	
21 A. EXTERNA	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. V	VHERE DID (in Boltimore City, g	ive exoct l	ocotion)	
21 A. EXTERNAL UNDERLYING UTING CAL	USE OF DEATH.	home	e, form, foctory, street,	office bldg., INJUR	OCCUR?				
Z 21D TIME	(Month) (Doy) (Yeo	r) (Hour) :	TE. INJURY OCCURRED	21 F. H	INTHI DID MC	RY OCCUR?			
(APPROX.)		m. 1	WHILE AT NOT	WHILE					
22.	rtify that I held an I				d that on this	basis, death In r	my oninia	n	
resu	Ited fram: Natural ca	uses A.	Accident Suicid			ndetermined mann	er		
	/ 1// /	7 0	1 - 0	CHIEF M	EDICAL EXA	AMINER		DATE SI	GNED
SIGNAT		- 1.0	man M.D	ASSISTANT M	EDICAL EXA	AMINER X		DATE	31120
				ASSOCIATE M		AMMED			
NAME		S. Spr	ingate, M.D.	AJJOCIATE	LDICAL LA	Jı	une 29	, 1967	
3A. BURIAL CR	EMATION, 23B. DATE	23	C. NAME OF CEMETERY	CREMATORY			, town, or	county)	(Stote)
REMOVAL (Speci	6/30/	67	Loudon Parl	Cem.	B	altimore, N	id.		
Burial									
4A. DATE REC'E	D BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR	/101 10		ADDRESS	
	1111 2 1067	100 6	+ 2 Fabruma	Witz	Ker. D	4101 E	THO II G	OH WAS	

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N.E.	ME OF DECE	ASED			TE OF DE	2. DATE AND	HOUR OF DEATH	Н	
	e or Print)		Sonia	Schuster			ne 29, 196		A
F	ULL NAME OF		or institution, g	give street	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) W. Va.				
JS		Health Servi		oital - ~ '	11	epherds		e RURAL ond give township)	
31	.00 Wymai	n Park Drive							
SE	F	6. RACE W	Div.	NEVER MARRIED D, DIVORCED (specify)	3/4/11		ost birthdoy)	If Under 1 Yr. If Under Months Doys Hours	24 Hr Min.
		grking life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	Germany	(State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY? ? Germany	
3. F	ATHER'S NAM		,		14. MOTHER'S N	AAIDEN NAM	1 E		
		Wilhelm Kimm	netz		Els	a Summe	rs		
es,	vas Deceased no or unknown) NO	Ever in U. S. Armed Far (If yes, give war ar date	ces? s of service)	16. SOCIAL SECURITY NO.	Recor	ds_ US	PHS Hospit	tal, Balto, Md.	
1	1B. 90	0.01		CAUSE O	F DEATH			INTERVAL BETWE	
		E OR CONDITION DIR LEADING TO DEATH		(A)	eticulum o	cell car	rcinoma	Months	
		of mean the mode of	dying, e.g.,	DUE TO					
	injury or comp	asthenia, etc. II means plication which caused INTECEDENT CAUSES	death.)						
2	DISEASES O rise to the UNDERLYING	olication which caused INTECEDENT CAUSES R CONDITIONS, if obove cause (A) CONDITION last.	death.) ony, giving slating the	(B) DUE TO (C)					
Allon	INJURY OF COMPANIES OF THE SIGNIF	ofication which caused intecedent CAUSES R CONDITIONS, if obove cause (A) CONDITION last.	ony, giving slating the CONTRIBUTING TO THE TO THE TOTOLOGY.	(B) DUE TO (C)	20 A. AUTOPS	Y? (Yes or No)	208. IF YES, WER		
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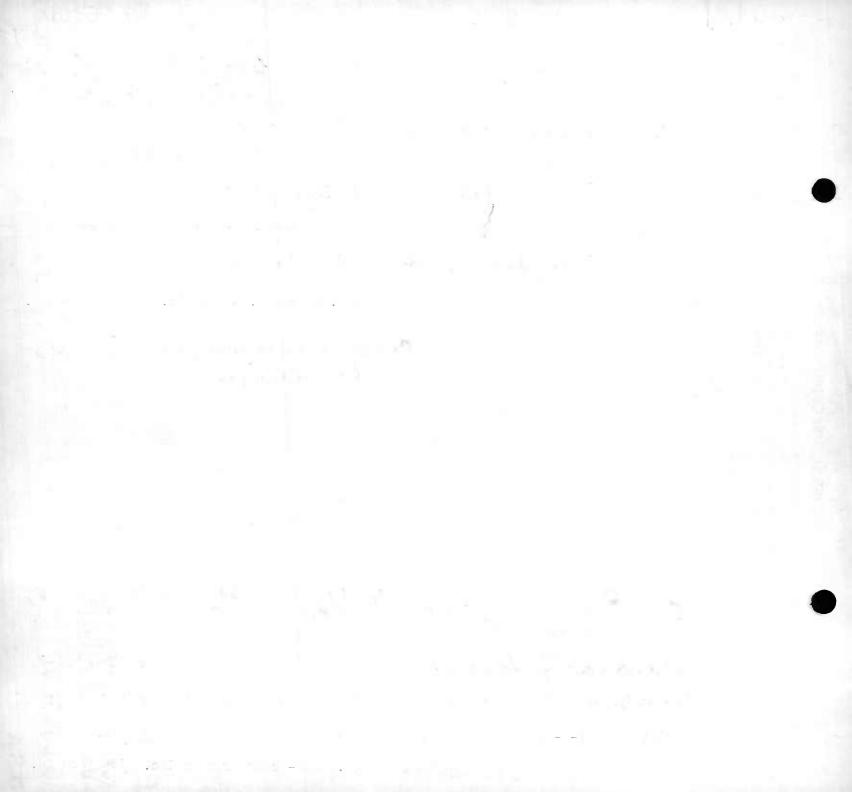
VS 150-REV, 1/1/65

· HITT 사용하다 그 사람들이 살아 있다. Marine A. MOTHSTHIK BRENST CHREINDINA 3 weeks-DEHYDRATION NO. 8. 06.9 24 82 -4 0E9 James & Alalleger

NAME OF DECEASE	D		2. DATE A	IND HOUR OF DEAT	Н
	ida M. F	Pomp	Jul	v 2, 1967	institution: residence before odmissic
PLACE OF DEATH	IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (WI	nere deceased lived, If	institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital oddress or locatio	or institution, give street n)	Maryland c. ciw or town (1)	Baltimore	e RURAL ond give township
)		.1	Baltimore D. STREET ADDRESS	f rurol, give location)	28-01
Belvedere	House in	the Pines	4810 Gwynn	Oak Avenu	e
Cemale W	hite	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	1-1-1871	9. AGE (In years lost birthday) 96	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
DA, USUAL OCCUPAT		108, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
At Home	, , , , , , , , , , , , , , , , , , , ,		Bal timor e		USA
FATHER'S NAME			14. MOTHER'S MAIDEN N.	AME	
John Pom	in U. S. Armed For	es of service) SECURITY NO.	Mary Ann W		ADDRESS
NO	7.00	216-46-1690	Mrs.Arthur	Opfer-4602	Simms Ave. # 6
1B	/_X	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	R CONDITION DI	RECTLY	room An-		ROSIS 10 YRS
		(A) LEN	LEBRAL TIRI	EKIOSCLE	KOSIS IUTKS
	seen the made of	dving ag DUS TO			
hearf failure, asth	neon the mode of enio, etc. It meons	the disease,			
hearf failure, asth	enio, efc. If meons ofion which coused	the disease,			
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CEREBRAL ARTERIOSCLEROS ICTRIS

67 6348 CENTIFICATE OF DEATH Registered No. 67 6348
BIRTH NO. M.E. CASE NO. CERTIFICATE OF DEATH Registered No.
1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If in stitution: tesidence before admission)
A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION (If outside city limits, write RURAL and give tawnship)
La morarial Hocartal /Cuxton
D. STREET ADDRESS (If rurol, give locotion)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 1 Under 1 Yr. If Under 24 Hrs.
WIDOWED DIVORCED (specify) 1//28/08 lost birthdoyl Manths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign caunity) 12. CITIZEN OF WHAT COUNTRY?
Housewife MANYLAND WSA
13. FATHER'S NAME
Joseph S. Warderwood Gentrude Covell 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor ar dates of service) SECURITY NO.
No Capt. George W. Coward Jr. 1401 Boyce Ave.
DISEASE OF CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO LEADING TO DEATH (A) Chadaic Cumphocytic / UPS
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. II means the disease, injury or complication which caused death.) (A) Chadaic Cumphocytic 7 (185) Learner 17
ANTECEDENT CAUSES (B) DUE TO
DISEASES OR CONDITIONS, if ony, giving
use to the obove couse (A) stoling the (C) UNDERLYING CONDITION last.
OTHER SIGNIFICANT CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) or CONTRIBUTING CAUSE OF
OR CONTRIBUTING CAUSE OF hame, form, factory, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.)
22. I certify that (I)(this haspital) attended the deceased from (1967 to 6/29 1967
tho (1) (we) last saw the deceased olive an (1) (1) (aur) apinion death accurred on the dote
ond haur ond fram the couses stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE
Land 1 2 Lalan M.D. Attending Med. Stoff Phys. 6/29/67
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
SANDRA Z. SALAN M.D. UNIVERSHY OR M.J. HOSP.
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 7-3-67 Dulaney Valley Memorial Cockeysvilee, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Wm. Cook-Brooks Towson Inc. 1050 York Rd.
VS 150-REV. 1/1/65 Wm. Cook-Brooks Towson Inc. 1050 York Rd.



Charles S. Springate, M.D.

23C. NAME of CEMETERY or CREMATORY

M.D. ASSISTANT MEDICAL EXAMINER X

emeter

ASSOCIATE MEDICAL EXAMINER

23D. LOCATION

July 1, 1967

(City, town, or county)

ACTUAL

REMOVAL (Specify)

VS 151-REV. 1/1/65

SIGNATURE

EXAMINER'S

NAME (Type) 23A, BURIAL CREMATION.

23B, DATE

Shipperd Denny N. Senale W.

BROWNERS TO WEAR MERCHANISCHE CONSTRUCTION OF THE STRUCTURE AND A STRUCTURE AN

69 Mer Calviary Rencessy Poure Manuelet Cer Mid

Pardalph & Eastlick 2121 Entitle

M.D. ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

23D. LOCATION

ACTUAL

23A. BURIAL CREMATION,

REMOVAL (Specify)

24A. DATE REC'D BY

VS 151-REV. 1/1/65

SIGNATURE EXAMINER'S

NAME (Type)

Russell S.

DEPT.

Fisher

23C, NAME of CEMETERY or CREMATORY

DATE SIGNED

June 28, 1967

Or Robert Silby

Married

CONSTRUCTION

9-19-1926

Virginia

EVa Flowers

U.S.A.

NO

Laborer

226-20-1707 Mr. DIlle Mac Silby 1404 N. Contral Ave.

IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV, 1/1/65

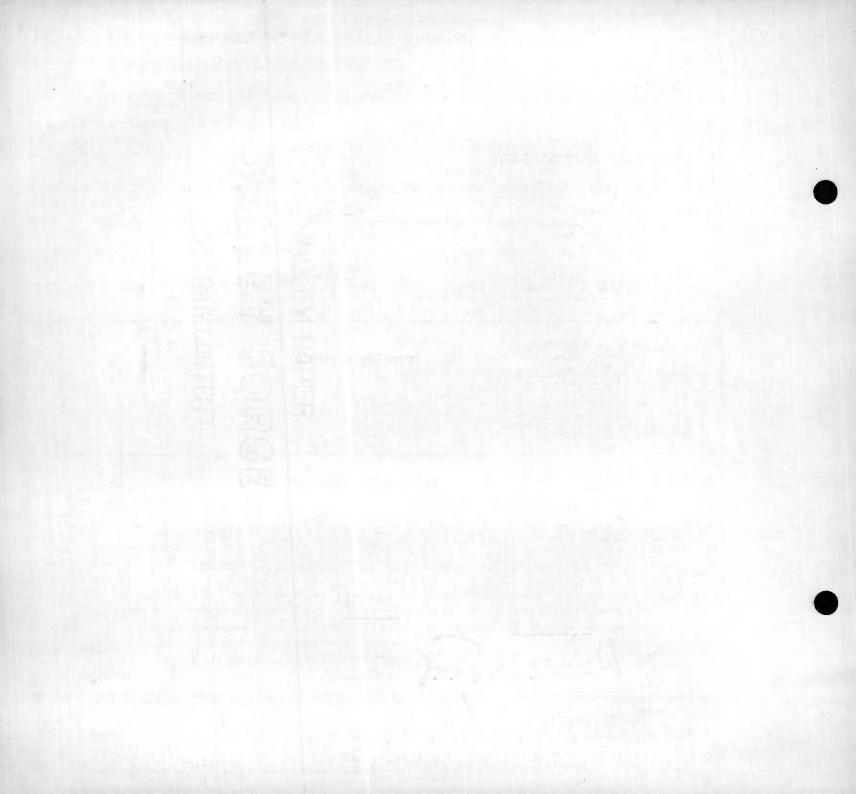
BALTIMORE CITY HEALTH DEPARTMENT

No

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH Registered No 67

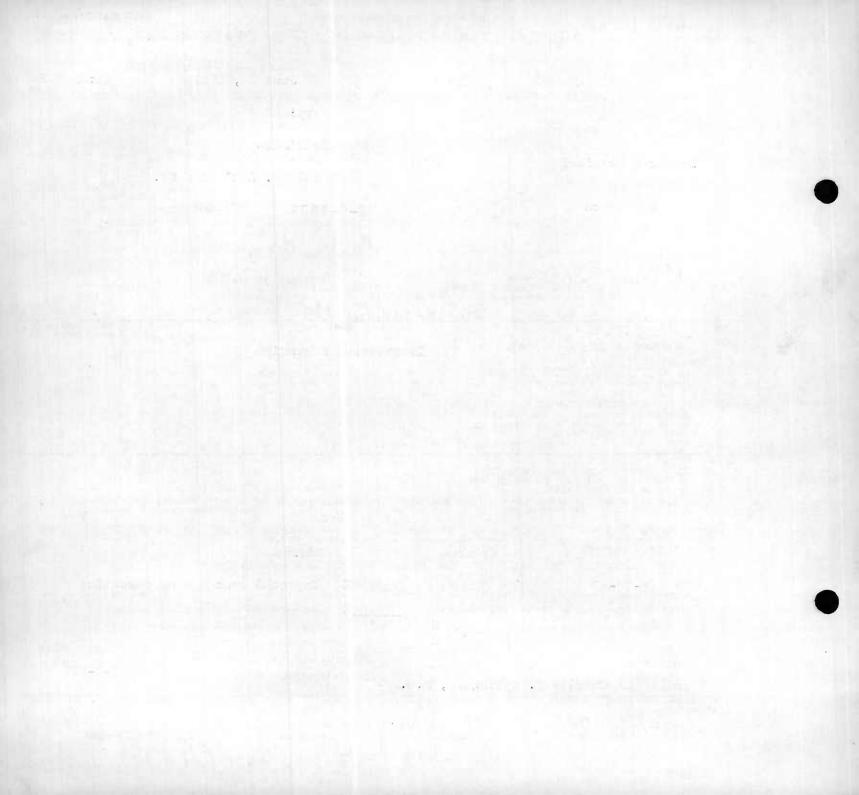
6/	b352	DIGAL EV	A A AIN LEDIC C	EDITIFICATE O	E DEATH.		7 6252
BIRTH NO.	MEI	JICAL EX	AMINER'S C	ERTIFICATE O	F DEATH Regi	stered No.	0006
M.E. CASE NO.							3
1. NAME OF DE				2. DATE	AND HOUR PRONOU	NCED DEAD	
WILLIA			SAMPLE		June 30, 19		2:48 A. M.
3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (WA. STATE	here deceased lived. If B. (institution: resi	dence before odmission
FULL NAME OF	(IF NOT IN HOSE	TAL OR INSTITUT	ON, GIVE STREET	Maryland C. CITY OR TOWN (If o		is DNIDAS	and along to constitution
HOSPITAL OR	ADDRESS OR LO	CATION)		C. CITI OK TOWN (III o	uiside corporoie iliniis,	Wille Joigit 0	and give townships
INITUED	RSITY HOSPITA	AT (DOA)		Baltimore		10	
ONTARK	TOTIL HOSETIE	LL (DOA)		D. STREET ADDRESS (If			
- 0.5W		I=		847½ Boyd S		The last	1 W 17 11 1 24 11
5. SEX	6. RACE		IEVER MARRIED VORCED(specify)	B. DATE OF BIRTH	9. AGE (In ye lost birthdoy)	Months	Doys Hours Min.
Male	Negro			9-14-1920	46		
	UPATION (Give kind of w working life, even if retired		BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)	12. CITIZ	TEN OF AT COUNTRY?
Longsho	re HAN	"		(rackdockus)	le a VA).S.A.
13. FATHER'S NAM	ME	1		14. MOTHER'S MAIDEN N	AME?		
McK	inky San	rple		EllA SAN	nple		
	ED EVER IN U.S. ARM		6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	S
(100,110 0) 0111110	, , , , , , , , , , , , , , , , , , ,	Sies of Services	131-18-1205	Mrc Martha	Johnson	4419	Old Vock &
18,	1 1/		CAUSE	OF DEATH	A011112011	7,7	INTERVAL BETWEEN
77	1 X 1						ONSET AND DEATH
DISEA	ASE OR CONDITION LEADING TO DEA		Brond	hopneumonia			
(This does	not meon the mode e, osthenio, etc. It med	of dying, e.g.,	DUE TO	iio piio amori za		***************************************	
injury or co	emplication which cause	d deoth.l					
	ANTECEDENT CAU	SES					
	OR CONDITIONS, IF		DUE TO				
	HE ABOVE CAUSE (A) ING CONDITION LAS						
Z			(C1				
T and an		IS CONTRIBUTION	^				
O THE	DEATH BUT NOT	RELATED TO TH		lteration of I	liver		
	F OPERATION 1198, CO			20A. AUTOPSY? (Yes or		E FINDINGS	ONGIDERED
8 17 DATE OF		PERFORMED	HICH OFERATION		IN CERTIFYING C		EATH?
21 A. EXTERNA	AL CAUSE WAS	218. 91	ACE OF INJURY (e.g.,	in or obout 21C. WHERE D	ID (If in Boltimore City	v. give exoct	Yes
O UNDERLYING	OR CONTRIB-	home,	form, foctory, street,	office bldg., INJURY OCCU	R?	, gree encor	
#							
OF INJURY	(Month) (Doy) (Y		E. INJURY OCCURRED		INJURY OCCUR?		
(APPROX.)		m. W		WHILE ORK			
22,	rtify that I held on	Inquiry		artial and that a	n this bosis, deoth	In my opinic	nn .
	Ited from: Notural				Undetermined me		
1650	ired from: Notorot	Touses A	cident Suicid	Homicide CHIEF MEDICAL		onlier	
ACTUA	L locale		- to -				DATE SIGNED
SIGNAT	TURE	es h	M.D				6/30/67
EXAMII NAME (U. Spitz	6 M.D. 7	ASSOCIATE MEDICA	L EXAMINER		3/30/07
23A. BURIAL CRI	* * *	23C.	NAME OF CEMETERY	CREMATORY 2	D. LOCATION (City, town, or	countyl (Stote)
REMOVAL (Speci		10	2 // 1/1/	10	211		1.1
BURIA	17-3-	-67 8	7. 1 101	ional (em.	DA/TE.		Md.
24A. DATE REC'E	D BY HEALTH DEPT.	24B, NAME O	-	24C. FUNERAL DIREC	CTOR	,	ADDRESS
	JUL 3 1967	1 0200 8	2. Jankouna	Murtuns	DueHFH	. 1.	701 Locureus
VS 151-REV. 1/1		W. Saraka			17		
		The state of the s		The second second	6-4		2/



VS 151-REV. 1/1/65

BA	ALTIMORE CITY HEA	LTH DEPARTMENT				CITY	0050
MEDICAL EXA	AMINER'S C	CERTIFICATE	OF	DEATH	Registered No.	01	0000

SKIH NO.	///	DICAL LA	AMIIATK 2 C	LKIIIICA	LOIL	/LAIII Regis	relea No		
M.E. CASE NO.	CLACED								
Type or Print)	HERBERT		HICKS			0, 1967	CED DEAD	11:05	P _M
B. PLACE IN BAL	TIMORE, MARYLAND	, WHERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where	deceosed lived. If in	stitution: resi	dence before o	
ULL NAME OF	(IF NOT IN HO	ITITZIAL GO LATIGZ	ITION CIVE STREET	Mar	yland				
OSPITAL OR	ADDRESS OR L	OCATION)	ITION, GIVE STREET	C. CITY OR TO	WN (If outside	corporate limits	te RURAL o	nd give townsl	hip)
NSIITOTION				Ba1	timore		10	-0	/
Luthera	n Hospital		(DOA)	D. STREET ADDI	RESS (If rural,	give location)			
2001.020	moop		\ /	18	310 W. I.	exington S	t.		
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRT		9. AGE (In year	s If Unde	er 1 Yr. If Unde	er 24 Hrs.
Male	Negro		DIVORCED (specify)	2-5-19	30	lost bighday)	Months	Doys Hours	Min.
			BUSINESS OR INDUSTR				12. CITIZ	EN OF	-
	working life, even if reti			DI	L.)		AT COUNTRY?	
3. FATHER'S NAA	4.6			DAHO,	MARY	land	0	13. H.	
i /	, , , , , , , , , , , , , , , , , , ,	. 1.4-		14. MOTHER'S M	AIDEN NAME	1			
KICH	iard JA	ckson		Hhn	ile H	ICKS			
	D EVER IN U.S. AR		16. SO CIAL SECURITY NO.	17. INFORMANT	7		ADDRES	S	1
			717.24 400	& Mrs Ma	ru lua	AS 18	10 W.	loxing.	trai
18.	nu a		CAUS	E OF DEATH	9 14 6	100	10 00.	INTERVAL BI	ETWEEN
45.5	/ / 1/							ONSET AND	DEATH
DISEA	SE OR CONDITION		Intra	venous nar	cotism				
(This does	not meon the mode, osthenio, etc. It m	e of dying, e.g.,	DUE TO						
	mplication which cou								
	ANTECEDENT CA	IISES							
	OR CONDITIONS,		(B)						
	E ABOVE CAUSE (A								
			(C)						
2	11								
OTHER SIG	NIFICANT CONDITIO	ONS CONTRIBUTION	1G						
	R CONDITION CAU		HE						
19A. DATE OF	OPERATION 198.		WHICH OPERATION	20 A. AUTOPSY		20B. IF YES, WERE			
O 2	WAS	PERFORMED		Yes		IN CERTIFYING CA	USES OF DI	Yes	
21 A. EXTERNA UNDERLYING	OR CONTRIB-	21 B.	PLACE OF INJURY (e.g.,	in or obout 21 C. V	VHERE DID	f in Boltimore City,	give exoct l	ocotion)	
UTING CAU	ISE OF DEATH.	home etc.)	, form, foctory, street, nknown				00-	-00	
Z 21D TIME	(Month) (Doy)	(Yeor) (Hour) 2	1K11OWII 1E, INJURY OCCURRED		ON DID INJU	DY OCCUP?		00	
OF INJURY								- 4-1	
	5-30-67	? m. V	VHILE AT NOT	WHILE X IT	ijected	overdose o	or narc	otics	
22.	tify that I held on	Inquiry	Inspection Au	ntopsy X one	d that on this	s bosis, deoth in	my opinlo	n .	
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NAME (71		ngate, M.D.						
23A, BURIAL CRE		E 23	C. NAME OF CEMETERY	or CREMATORY	23D. LC	CATION (Ci	ty, town, or	county)	(Slote)
Buoin	1 17-1	1-17 1	H. Colvar	4 (lem		A C.		1	11
24A. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR		1	ADDRESS	
	UL 3 1967	DO RO	T. D. 48	1 1	. /	11 -11		/	
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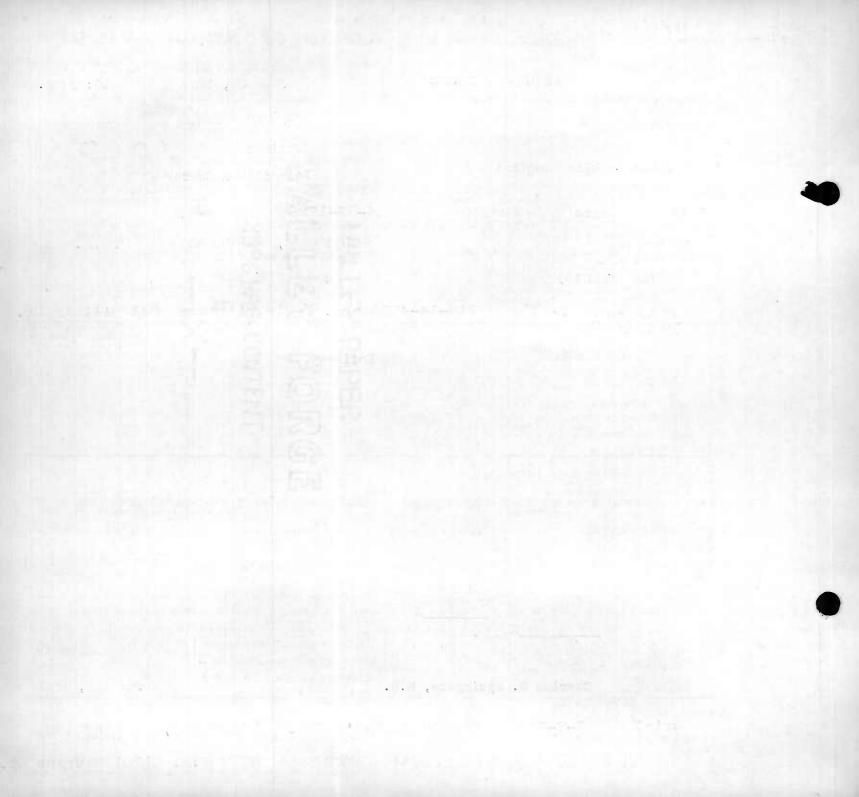
W-452 BIRTH NO. 6354

VS 151-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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Pe or Print)			2. DATE AN	D HOUR PRONOUNCE	D DEAD	
DON DON		Tune	29 1967		. 10 · 35 A	
PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESI	DENCE (Where	deceased lived. If insti	tution: res	idence before odmission
	A. SIAIE	Marylan	d 8. coo	NII	V	
L NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCA	C. CITY OR TO	C. CITY OR TOWN (If outside corporate limits, write RURAL or			give to waship)	
TUTION			Baltimo	re /	6	-0 L
Johns Hopkins Ho	enital	D. STREET AD			0	
Johns Hopkins Ho	Spital	841 Hillman Court				
EX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIR	тн	9. AGE (In years	If Unde	er 1 Yr. If Under 24 Hrs
Male Negro	WIDOWED, DIVORCED(specify) MARRIED	6-25-19	925	lost birthdoyl	Nonms	Doys Hours Min.
USUAL OCCUPATION (Give kind of wor	108 KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE	(State or foreig	In country)		ZEN OF
during most of working life, even if retired) Handyman		BALTIM	ORE. M	ARYLAND		AT COUNTRY?
ATHER'S NAME		14. MOTHER'S				
HENRY WILLIAMS		MAR	IE JOH	NSON		
AS DECEASED EVER IN U.S. ARMED		17. INFORMANT		10014	ADDRES	S
no orunknown) (If yes, give wor or dote		20 1/	Malala I	71.7.7.1	0.43	
	216-14-45		rable (Williams	841	Hillman C
B. 3 5 5 . 3	CAU	SE OF DEATH				ONSET AND DEATH
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neon foilure, ostnenio, etc. It meons	s the disease,					
injury or complication which coused	deom.,					
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UNDERLYING CONDITION LAST.	TA III O					7 and 10
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II	CONTRIBUTING					
TO THE DEATH BUT NOT RE	LATED TO THE					4
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WAS PER				20B. IF YES, WERE FIR		
	DIA DI A GE OF INITIANY	No		Ut : P ti' C':		
A SYTERNAL CANSE WAS	218. PLACE OF INJURY (e.g	, in or obout 21C.	RY OCCUR?	(If in Boltimore City, gi-	ve exoct	locotion)
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UNDERLYING OR CONTRIB-	home, form, foctory, street,	office bidg., INJU				
JNDERLYING □ OR CONTRIB- JTNG □ CAUSE OF DEATH.	home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRE		IOW DID INJU			
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Ī	NAME OF DECEASED (Pe or Print) FREDDIE SHORT	July 2, 1967 12:00 A.
FL	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION) STITUTION	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, writes RURAL and give township) Baltimore
	Lutheran Hospital	D. STREET ADDRESS (If rurol, give locotion) 2719 West Lafayette Street
104	Male Negro Nusual occupation (Give kind of work 108. Kind of Business or Indust to during most of working life, even if retired)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 1 - 1 - 1 9 2 9 39 12. CITIZEN OF WHAT COUNTRY?
15	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME Memmie Caller 17. INFORMANT ADDRESS
ZO	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying e.g., head foilure, osthenio, etc., It meons the disease, injury or complication which coused death.) ANTECEDENT · CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	SE OF DEATH Multiple traumatic injuries INTERVAL BETWEEN ONSET AND DEATH
NOITACIBITAGO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes
110	UNIDERLYING LOR CONTRIB- UTING CAUSE OF DEATH. home, form, foctory, street, etc.) street	g., in or obout 21C. WHERE DID (If in Bollimore City, give exoct locotion), office bldg., INJURY OCCUR? Lafayette St. east of Ashburton St.
MEDICAL	OF INJURY (APPROX.) 7-1-67 11:15 P . WHILE AT NO AT	WORK Pedestrian struck by auto
I V CICE	OF INJURY (APPROX.) 7-1-67 11:15 P _{m.} WHILE AT NO AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	Pedestrian struck by auto Autapsy X and that an this basis, death in my apinian ide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED DATE SIGNED

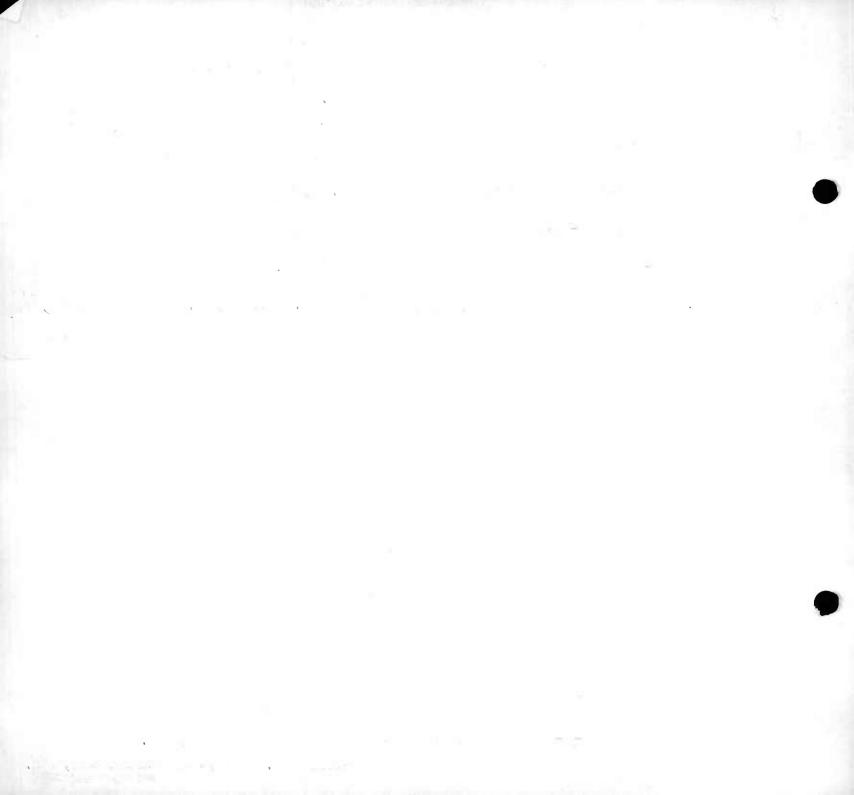
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NAME OF DECE	ASED			2	DATE AND HOUR PRONOU	NCED DEAD	
	JOH		ILSON		June 29, 1967		12:20 A. N
	MORE MARYLAND, V			A CTATE	Vand	in stitution: resi	dence before odmissio
LL NAME OF SPITAL OR STITUTION	ADDRESS OR LOC	ATION)	ITION, GIVE STREET		(If outside corporate limits, timore	write RURAL o	nd give township)
37 3	1 0 1 77		(max)	D. STREET ADDRE	SS (If rurol, give location)		
Maryland	d General H	ospital	(DOA)	712	East Chase Stre	eet	
Male 6	Negro		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In year lost birthdoy) 29	ors If Unde Months	r 1 Yr, If Under 24 Hi Doys Hours Min.
USUAL OCCUP	ATION (Give kind of wo	rk TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ote or foreign country)	12. CITIZ	EN OF
LABORE	rking life, even if retired)	WYNNW	OOD TOWERS	DANVILI	E, VIRGINIA		AT COUNTRY?
FATHER'S NAME			202 1011210	14. MOTHER'S MAI			.S.A.
JOH	IN WILSON			chai	LA FARMER		
WAS DECEASED	EVER IN U.S. ARME	D FORCES?	16. SO CIAL	17. INFORMANT	ALES FENTILE K	ADDRES	S
, no or unknown) (f	If yes, give wor or do	tes of service)	SECURITY NO.	36.00			
10				Mrs. Nyl	lon Gunn	712	E. Chase
0.2	271			OF DEATH	of upper cervic	-	INTERVAL BETWEEN
injury or comp	of meon the mode of osthenio, etc. It meon plicotion which coused	l deoth.)		ord			
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635	BIRTH NO. M.E. CASE NO. 67 6357 CERTIFICA	TE OF DEATH Registered No. 67 6357
deat deat ease n th	1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
- 9 B C S	(Type or Print) STEPHEN TRATTNE	R 7-2-67, 17= A
hospital and 15se of deat (5) Decease and and and death. Suc	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission
2 0 0		A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
in a hos g cause ause; (5) ittendan or to de	INSTITUTION	BALTIMORE Z6:44
	MERCY HOSPITAL	D. STREET ADDRESS (If rurol, give location)
T.E 0 0.E .	Miskey Hosti Hr	3523 E. FAIR MOUNT HVE.
occurre ontribut ermined regular eased p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	
rrib min ma	WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
occu ontri or regu	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
and and and and and and and and and and	done during most of working life, even if retired)	WHAT COUNTRY?
P - B -	Sheet Metal Md. Shipbuilding	m o. USA
e e	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
the	PAUL TRATTIVER	ChRISTINA FRAUSE
8		17. INFORMANT ADDRESS AV
5	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	ount
fina	No. 213-10-6112	Mrs. Rita G. Trattner 3523 E. Fairm
5	18. 4. 20, / I CAUSE O	
	DISEASE OR CONDITION DIRECTLY	
med	LEADING TO DEATH	ITE MYOCARDIAL LINK.
<u> </u>	(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	ITE MYOCARDIAL CINK.
mpa	injury ar complication which coused death.)	0 /////////////////////////////////////
9	ANTECEDENT CAUSES (B)	***************************************
are	DISEASES OR CONDITIONS, if any, giving	
	rise to the obove cause (A) stoting the (C) UNDERLYING CONDITION last,	
Lemans	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	IN CEKIIFTING CAUSES OF DEATH!
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or contributing Cause Of home, form, foctory, street, of	n or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
	■ ■ DEATH (notify medical examiner) etc.)	nice orage in the oracle is
	O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	OF INJURY While At Not While	le 🖳
	Work At Work	
	22. I certify that (I) (this hospital) attended the deceased fram	6-22 1967 10 7-2 1967
	that (I) (we) last saw the deceased alive an	19 6 7 and that in(my) (aur) apinian death accurred an the do
	and hayr and from the causes stated above. (1) (We)((did) (did nat)	riew the bady after death.
	23A. SIGNATURE	23& DATE SIGNED
	Och matter la M.D. Atte	ending Med. Stoff 7-3-67
	23C. NEXSICIAN'S	23D. ADDRESS
	NAME (TYPE) NA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADDRESS
a coldda		
	24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CRI	EMATORY 24D. LOCATION (City, town, or county) (State)
written	0 • 1 = ////- 0 • • • •	Baltimana Manuland
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25c. FUNERAL DIRECTOR ADDRESS &
	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 1967 P. C. S.	John A. Manan Inc. 3000 E. Baltimare
	VS 150-REV. 1/1/65	Will the Hanan, Inc. 1000 (. Matimore

ELDON HAWBAKER

	E. CASE NO.				TE OF DEATH		
Typ	Pe or Print)	EASED		C .	0 1	ND HOUR OF DEATH	5-30
	N ACT OF DE		owsa	Sprigg	Juli	4 1,1967	stitution: residence before odmission)
. !	PLACE OF DEA	ATH IN BALTIN	MORE, MARYLAND	, 00	A. STATE B. COUL	ere deceased lived. It in: NTY	stitution: residence before admission
F	FULL NAME C		in hospital or institut	ion, give street	Md.		
	HOSPITAL OR	address	or location)			utside city limits, write R	URAL and give township)
					Baltimore		9-08
	2448 L	och Rai	ven Road			rurol, give location)	
	770 2		or noun		2448 Loch	Raven Road	d
. s	EX	6. RACE		RIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
4	emale	white		WED DIVORGED (specify)	Sept. 16, 1892	lost birthdoy)	Months Doys Hours Min.
£3		UPATION (Give		D OF BUSINESS OR INDUSTRY		eign country)	12. CITIZEN OF
	e during most of				The state of the control of the cont	orgin coomity,	WHAT COUNTRY?
	Proprie	etress	-(ontect	ionery Store	Maryland		USA
3.	FATHER'S NA	ME	0	0	14. MOTHERS MAIDEN NA	ME	
	John R.	ann			1	1.1	
5. 1	/	7-1-	Armed Forces?	1 6. SOCIAL	17. INFORMANT	enie	ADDRESS
l'es	s, no or unknown	(If yes, give	wor or dotes of servi	SECURITY NO.	W. INTONWINIT		NOUNESS
	110			217329773	Henry W. Sni	ring In 50:	2 Chinquanin F
	18.	00.11	· · · · · · · · · · · · · · · · · · ·	CAUSE O	F DEATH	ryy of the state of the	INTERPAL BETWEEN
	DISEA	SE OR COND	ITION DIRECTLY				ONSET AND DEATH
	2.027.	LEADING TO		11/4	Pensage 5	nebolus	
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			. II means the dise ch caused death,)	Duce,	to VONCCO	el ceres	
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TION	OTHER SIGNI	EATH BUT	DITIONS CONTRIBL				
CATION	OTHER SIGNI TO THE D DISEASE OR	EATH BUT	NOT RELATED TO	THE	120A. AUTOPSY? (Yes or N	o) 20B. IF YES. WERE I	FINDINGS CONSIDERED
TIFICATION	OTHER SIGNI TO THE D DISEASE OR	EATH BUT	NOT RELATED TO		20A. AUTOPSY? (Yes or N	o) 20B, IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH?
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Baltimore, ma.

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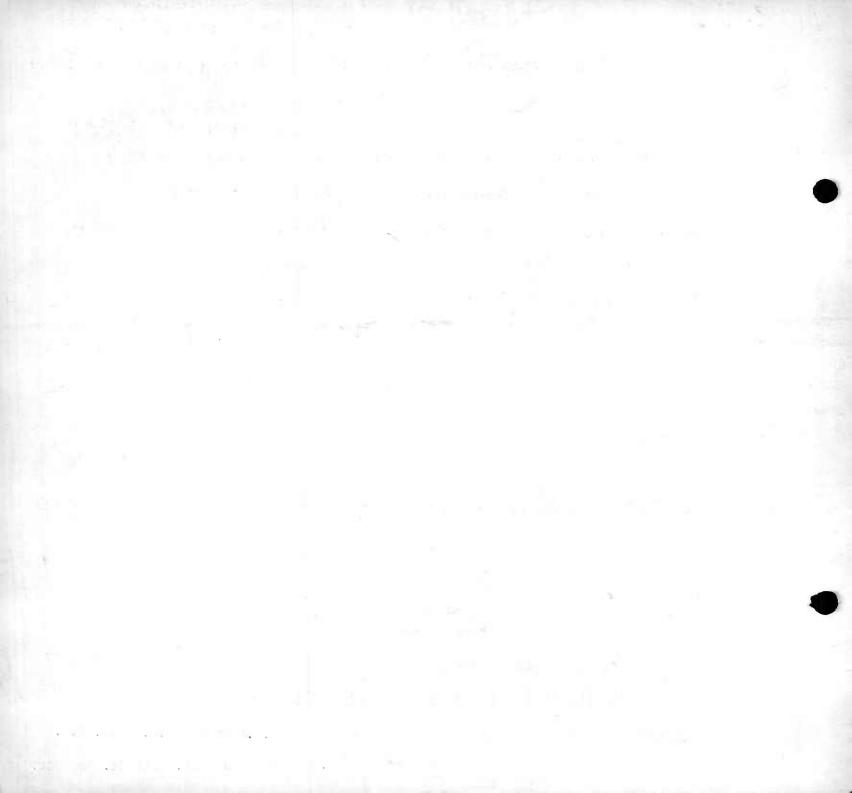
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Fo/1/5

B	cause of death	endance on the Co
•	nt if death occurred in direct or contributing y (4) Undetermined cau	th was in regular att on the deceased prior disposition is made
FUNERAL DIRECTOR: IMPORTANT	aminer or his assistar aminer. Also, if the c A fracture of any kind	rho pronounced deat regular attendance o
FUNERAL DIRE	by the chief medical expital by a medical excrete; (2) Body burns; (3)	where the physician w No physician was in a
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and (the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such experience of the deceased prior to death.
	This contracts the boars	was D

67 6360		Y HEALTH DEPARTMEN		67 6360
BIRTH NO. M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered Na	00000
1.NAME OF DECEASED (Type or Print) Maggie M Barton			AND HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		Ju.	Ly 2nd, 1967	stitution: residence before odmissio
ERTIFICATE AMEN	IDED	Maryland B. Co	OUNTY	stitution; residence before oamissi
HOSPITAL OR oddress or locotion)		Baltimore	f outside city limits, write R	URAL ond give lownship)
Ashburton Nursing Home		D. STREET ADDRESS 2127 Hollin	(If rurol, give locotion) as St	
Marrie Marrie	DIVORCED (specify)	8. DATE OF BIRTH 7/30/1879	9. AGE (In yeors lost birthdoy)	If Under 1 Yr. If Under 24 H Month's Doy's Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU done during most of working life, even if retired) House-Wite	JSINESS OR INDUSTR	Shenandoah	foreign country) Va.	12. CITIZEN OF USA COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Burton Petty		Mollie Hag	ley	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	S SOCIAL	17. INFORMANT		ADDRESS
No	SECURITY NO.	Marshall Bart	on 2127 Holl:	ins St Balto. Md.
18. 45001	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0	-1		ONSET AND DEATH
LEADING TO DEATH	(A) CCC	herracle	loses	
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,	DUE 10			
injury or complication which caused death,)	(P)			
ANTECEDENT CAUSES	DUE TO		••••••••••••••	
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.	(C)	MAA - 200 -	***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED	ICH OPERATION	20 A. AUTOPSY? (Yes o	(No) 20B. IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
ш	ACE OF INJURY (e.g., form, foctory, street, c	in or obout 21 C. WHERE DI office bldg., INJURY OCCU	O (If in Boltimore	City, give exact locotion)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. IN	IJURY OCCURRED		INJURY OCCUR?	
₹ (APPROX.) While Work	At Not Whi	ile 🗌		
22. I certify that (I) (this hospital) attended the			19 to	10
that (I) (we) last saw the deceased alive on				nion death accurred an the
and haur and fram the causes stated above. (1) (
23A. SIGNATURE	(014) (014 1101)		11110	23B, DATE SIGNED
Cotion by Million	M.D. Att	tending Med.	Stoff Phys.	7/2.17
23C. PHYSICIAN'S	, m	23D. ADDRESS	_ rnys	1/20/
CHARIES A CAL	/// M.D.	214511	1 Baltind	IT Bolts &
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	E of CEMETERY of CR	REMATORY 24	D. LOCATION (Cit	y, town, or county) (State
Removal (Specify) 7/2/67		K	yger FH Shenar	**
25A. DATE REC'DEL HEALTH DEPT. 25B. NAME OF		25C. FUNERAL DIREC		ADDRESS
VS 150-REV. 1/1/65				

1.11.



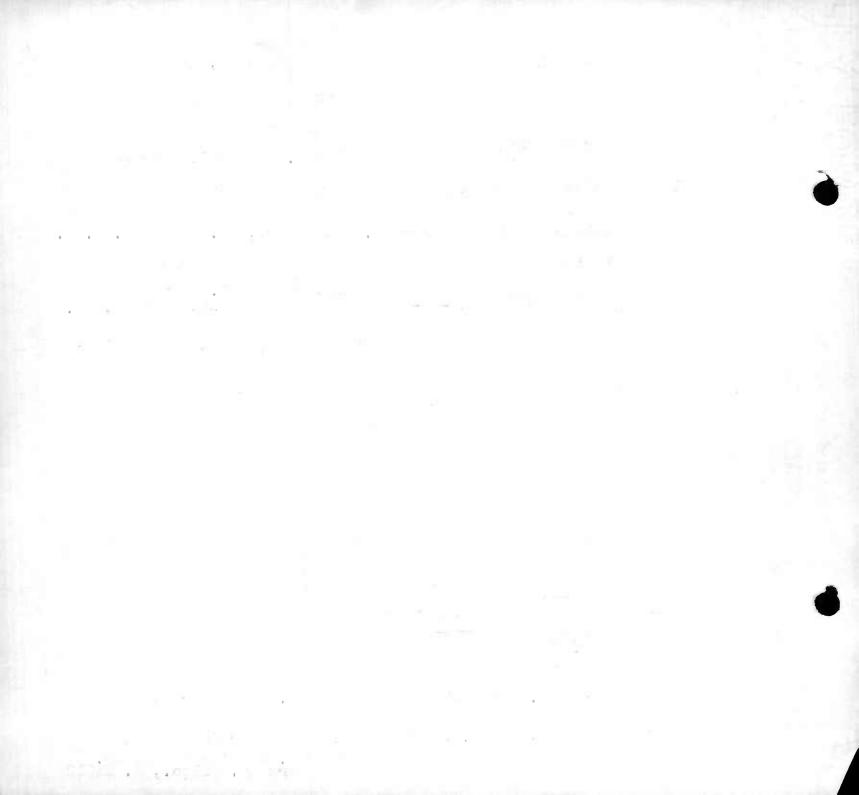
T-520 67 6362 BALTIMORE CITY HEALTH DEPARTMENT 67 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.1	CASE NO.			WINTER O'C					
	NAME OF DEC					1	D HOUR PRONOUNC		
		MURRA		HOMAS			30, 1967		45 P. M.
3. P	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESID	ENCE (Where	deceosed lived. If inst	itution: residence b JNTY	efore odmission)
FU	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET		York	le corporate limits, write	BUBAL and State	h 1 !- \
HO IN S	SPITAL OR	ADDRESS OR LOCA	(TION)				re corporote limits, write	KUKAL ond give	to was hip/
/						York	/	- +1	
	Ma	ryland Genera	al Hospi	Ltal	D. STREET ADDR		, give locotion)		
5. S	FY	6. RACE	7 AAABBIED	NEVER MARRIED	8. DATE OF BIRTH	2.0.	O ACE (In years	If Under 1 Yr. 1	Cileder 24 Her
			WIDO WED,	DIVORCED (specify)	1/14/19		9. AGE (In years lost birthdoy)	Months Doys	
	Male	White		Divorced BUSINESS OR INDUSTRY	the state of the s		43	10 6177511 65	
		vorking life, even if retired)	CIOB. KIND OF	BOZINEZZ OK INDOZIKI	III. BIKIHPLACE	31016 OI 10161	gn country)	12. CITIZEN OF WHAT COU	
12 1	COOK NAM	le .	Re	staurantc	Alta V			U.S.A	
13.1	Allier 2 HAN				145 MOTHER'S M.	AIDEN NAM			
16 1	AR'	THUR THOMAS	FORCES?	16. SO CIAL	17. INFORMANT	INAS S	SALES	ADDRESS	
		(If yes, give wor or dote		SECURITY NO.	T. INFORMANT			ADDRESS	
	YES	??		??	FINCH &	FINCH E	H. ALTA VI	STA VA.	
	18.	1.0		CAUSE	OF DEATH				AL BETWEEN
	DISEAS	E OR CONDITION DI							
		LEADING TO DEATH		(A) Bron	nchopneumo	nia			
	heart torlure,	not meon the mode of osthenio, etc. It meons application which coused	the diseose,	DUE TO		0 0 0 m - m 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
		NTECEDENT CAUSE			ty metamor	phosis	of liver		
	RISE TO TH	OR CONDITIONS, IF A	TATING THE	DUE TO					
z	UNDEKLTIN	IG CONDITION LAST.		(C)				·····	
0		11							
CA	OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTION	NG					
Ĕ		DEATH BUT NOT RE		HE			***************************************		
CERTIFICATION	19A. DATE OF	OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	20 B. IF YES, WERE FILL		RED
					Ye				Yes
CAL	21 A. EXTERNA UNDERLYING	CAUSE WAS OR CONTRIB-	21 B.	PLACE OF INJURY (e.g., form, foctory, street, o	ffice bldg. INJURY	HERE DID	(If in Boltimore City, gi	ve exoct locotion)	
	UTING CAU		etc.)		3,,				
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	SIGNAT		50.0	M.D.	ASSISTANT MI				
	EXAMIN		S. Spri	ingate, M.D.	ASSOCIATE M	EDICAL E	XAMINER	July	1, 1967
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244		BY HEALTH DEPT.	_	OF REGISTRAR		AL DIRECTO		ADDRES	S
		JUL 3 1967	12.0. A	E. Farberma		1 -			
			76000	-1	Wm. Co	ok-Bro	oks, Inc. 12	217 St. Pa	ul St.

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18.00	TH NO.	67	63	63 CERTIFICA	TE OF DEA	ATH Reg	istered No.	7 6363	
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(Тур	oe or Print)	George B	lakis	ton		June 29	1967	703	P
3. P	PLACE OF DE	ATH IN BALTIMORE, MA			A, STATE	NCE (Where deceo B. COUNTY	sed lived, If institu	tion: residence before	odmissio
F	FULL NAME C	F (If not in hospital oddress or lacation	or instituti	on, give street	Maryl				
	NSTITUTION	oddiess of ideolio	17		C. CITY OR TOWN			AL ond give township	0/
1	_	~	-		Balti D. STREET ADDRES	more Cit	у	10	9/_
0	L	ong Green I		ng Home			sity Par	kwav	
5. S	EX	6. RACE	7. MARR	IED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years If	Under 1 Yr. If Un	der 24 Hi
	Male	White	D	ved, DIVORCED (specify)	2/9/189		¹ 3	onths Doys Hours	Min.
	e during most of	working life, even if retired)		OF BUSINESS OR INDUSTRY				2. CITIZEN OF WHAT COUNTRY?	,
13.	Retire	d Officer	Equi	table TrustCo	Balti	MOPO MO		U.S.A	•
	_	e Blakistor					Price		
15. \ (Yes	s, no or unknown	Ever in U. S. Armed For ISt World	ces? s_of_servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT	illiam T	Hender	ADDRESS	
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		osthenio, etc. It meons aplication which coused		ose,		~	7		
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	21 A. ACCIDER OR CONTRIBL DEATH (notify	TING CAUSE OF medical examiner		21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21C. WHE ffice bldg, INJURY O	RE DID CCU R?	(If in Boltimore Ci	ty, give exoct locofio	n)
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	thot (1) (****)	last sow the decease	d olive o	on Turne V	8 19 67	and that in(m	ıy) (sar) apinior	deoth occurred o	on the do
	and hour one	from the couses stat	ed obove	. (I) (We) (did) (did not) v	iew the body ofte	r deoth.			
1 3	23A. STENATU		7 -				23	B. DATE SIGNED	
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	23 C. PHYSICIA	Nrs.	-	Phy	s. Direct	ctor Phys.		0170	0
	NAME (T	Martin I	. Si			E. Chase	Street		
24A	BURIAL CRE	MATION, 248, DATE		NAME OF CEMETERY OF CRE		24D. LOCATIO		own, or countyl	(Stote)
	REMOVAL (Specifyl	27	C.L. (11)					
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25 A	. DATE REC'D	JUL 3 1967		of REGISTRAR	Henry 4905 Y	W. Jenki ork Rd.	ns & Sor Balto	is Co. 21212	
VS	150-REV. 1/1/	65							



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CERTIFICATE OF DEATH Registered No. BIRTH NO. Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Eunice Rathbone Goddard 7-2-1967 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence A, STATE

B. COUNTY Massachusetts (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION New Salem prior D. STREET ADDRESS (If rurol, give location) Long Green Nursing Home mad 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years last birthdoy) 5. SEX 8. DATE OF BIRTH If Under 1 Yr. Months Doys deceased WIDOWED, DIVORCED (specify) Never Married 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF BIRTHPLACE (State or foreign country) WHAT COUNTRY? disposition done during most of working life, even if retired) Retired-Professor Goucher College New London, Conn. the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Willard Goddard Mary Adeline Thomas 0 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance 021-32-2108 Miss Miriam Clark 1533 Stonewood Rd. No 0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, 10 injury or camplication which caused death.) gul ANTECEDENT CAUSES DUE TO 0 DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION last. the remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL 0 DEATH (notify medical examiner etc.) (Month) (Doy) (Year) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While (APPROX.) and At Work Work 22. I certify that (I) (this hospital) attended the deceased from death); that (1) (w) lost sow the deceased alive on ond that in (my) (out) opinion death accurred on the ond hour and from the couses stated oboye. (I) (did) (did not) view the body ofter death. must 23A SIGNATURE 23B. DATE SIGNED Attending Med. Stoff 0 Director written approval 23C. PHYSICIAN'S NAME (Type) 23 . ADDRESS prior Helfrich M.D. 5006 Roland Avenue William 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) eceased REMOVAL (Specify Baltimore Cremation Green Mount 25B. NAME OF REGISTRAR 25A, DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTO VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

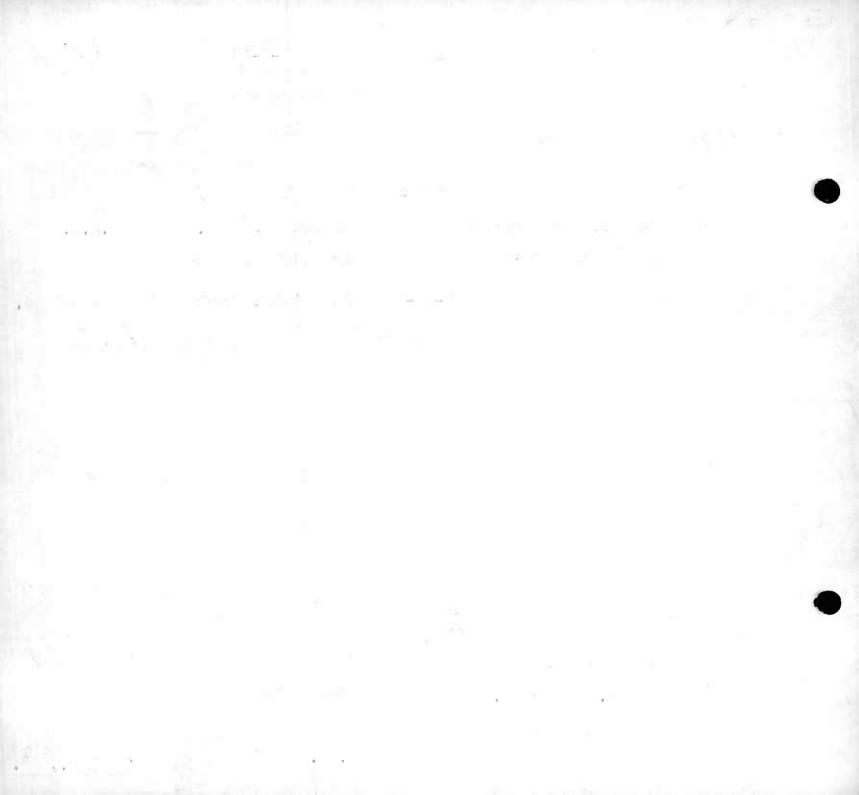
Hours

U.S.A

ADDRESS

ONSET AND DEATH

(Stote)



BIRTH NO. 67 68) (E	TE OF DEATH	Registered No.	67 6365
M.E. CASE NO. 1, NAME OF DECEASED	CERTIFICA	TE OF DEATH	AND HOUR OF DEATH	
(Type or Print) TAYLOR HE	epert L.	2. 0.416	1-2-67	4 A.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WA. STATE	here deceased lived. If inst	titution: residence before odmission
FULL NAME OF (If not in hospital or institution oddress or location)	in, give street	C. CLTY OR TOWN (If	outside city limits, write RU	JRAL ond give township)
INSTITUTION	al llas alal	BALTIM	ore	63-00
North Charles Gener	40 170 JITH	D. STREET ADDRESS	(If rurol, give location)	1/0
	ED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH 4-14-90	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KINE done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRE & ENG. Ohio	RAILROAD	MARYLY.	Nd	United State
3. FATHER'S NAME LOUIDIL O TOULO		14. MOTHER'S MAIDEN N	n mani	1/266
15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servi	16. SOCIAL SECURITY NO.	17. INFORMANT	1. 111101	ADDRESS
No	705-07-9746	North Chan	Ples Gevera	L HospitAL ChAN
18. S S CONDITION DIRECTLY	CAUSE O	rhous le	ver	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) TAT	-RIOSELEROTIC CA	ROWNSEWAR	long standing
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury at camplicolian which caused death.)	se, DISC	EASE - CARO	NIC BRONCHITI	15
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gir	(B) DUE TO			
rise to the above couse (A) stoling UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING Bron	cogenie c	arcinoma	a
	OR WHICH OPERATION	OZOA. AUTOPSY? (Yes or	No. 208. IF YES, WERE FI	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore	City, give exocy (Scotion)
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22. I certify that (I) (this haspital) attend that (I) (we) lost sow the deceased alive		6/30/ 1967 and	19 6 to	ion death occurred on the do
ond hour and from the couses stated abov			_	
23A. SIGNATURE Dadal		ending Med.		23B. DATE SIGNED
N	Phy	23D. ADDRESS	Stoff Phys.	7/1/67
23C. PHYSICIAN'S NAME (Type) DK. J. GABER	M.D.	5706 1	sellona 1	Tue.
24A. BURIAL CREMATION, 24B. DATE 241 REMOVAL (Specify)	NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (City	(, town, or county) (Stote)
Burial 7/5/1967	New Cathedra	1 B	Baltimore,	Maryland 4905 York Rd.
JUL 3 1967 (R.C.	New Cathedra Re of REGISTRAR B & Falleyna	H.W.Jenkins	& Sons Co.	4905 York Rd.
VS 150-REV. 1/1/65		<u> </u>	Balto.12,	13(1-1

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VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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(Typ	oe or Print)	WATTED	CANCED	AYLSWORTH		July 1, 1967	
3. 1	PLACE OF DEA	ATH IN BALTIMORE, MA	ARYLAND	AILSWORIN	4. USUAL RESIDENC	E (Where deceased lived, If in	stitution: residence before admission)
					A. STATE B.	COUNTY	
	FULL NAME O HOSPITAL OR	F (If not in hospital oddress or location		give street	Md.	110 - 1 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HIII A
	NOTITUTION				C. CITY OR TOWN	(If outside city limits, write R	CUTAL one give levished
1		D 0 4 W	77-		Baltimore D. street Adoress	(If rurol, give location)	
4		D.O.A. M	ercy Hos	spital			
		1				dison St.	
5. S		6. RACE		NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months; Ooys Hours Min.
M	ale	White	Mari	ried	11/14/95	71	
			k 108. KINO OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
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13.	Salesm FATHERS NAA		Sun	Papers X X	New Jersey		USA
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		Ever in U. S. Armed For		6. SOCIAL	17. INFORMANT		ADDRESS
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		of mean the mode of	dvina ea	DUE TO	purasa	M V Whence	
	heort foilure,	esthenio, etc. Il means	the disease,		3/		
	injury or com	plication which coused	deoth.)	Je.	De la Pa	ortando.	5
	1	ANTECEDENT CAUSES	S	(B)			~
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	rise to the	obove cause (A)		(C)			
	UNDERLYING	G CONDITION lost.					
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o N	OTHER SIGNI	FICANT CONDITIONS (CONTRIBUTIN	G Unan	as Me	ulpen	3
ATIO		CONDITION CAUSING				A Y	
ERTIFIC	19A. DATE OF	OPERATION 198. CON	NDITION FOR	WHICH OPERATION	20 AUTOPSY? (Ye	s or No. 20B. IF YES, WERE F	INDINGS CONSIDERED
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AL		medical examiner	etc.	ne, form, foctory, street, of	nce blag., INJURT OCC	.U K?	
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<	(APPROX.)		Wo	rk Not While	e		/
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				41,1,-	1169		16
	thot (1) (we)	lost sow the decease	ed alive on	1/6/67	19	ond that in(my) (aur) opin	nian deoth occurred on the dot
			ted obove. (l) (We) (did) (did not) v	iew the bady after d	leoth.	
	23A. SIONATU	RE		110			23B, DATE SIGNED
	X/20	celle	Q11	M.D. Atte	nding Med.	Staff Phys.	7-7 1-7
	23 C. PHYSICIA	N'S	Arre		23D. ADDRESS	,	13-6
	23 C. PHYSICIA NAME (T	ype)	()	1.0-	10110	Al to de	2 Kno adin 10 As
		SAMUEL	LE	rum/WJ.D.	(We l'E	Nouc NV.	1 scent way
24A	REMOVAL	MATION, 248. DATE	24C. N.	AME of CEMETERY or CRE	MATORY	24D. LOCATION (Cit	y, town, or county) (Stote)
				Creenmount	1.00	Baltimore	Md,
25 A	Cremati	on 7/5/67		Greenmount OF REGISTRAR	25C. FUNERAL DI		AODRESS
- 0 14	DAIL KEOD		O O A	C . L. D. 44			
		JUL 3 1967	Walser 15	C, WILLIEUM	Wm. Cook-	Brooks Inc. Bal	timore Md. 21202
VS	150-REV. 1/1/6	65					



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

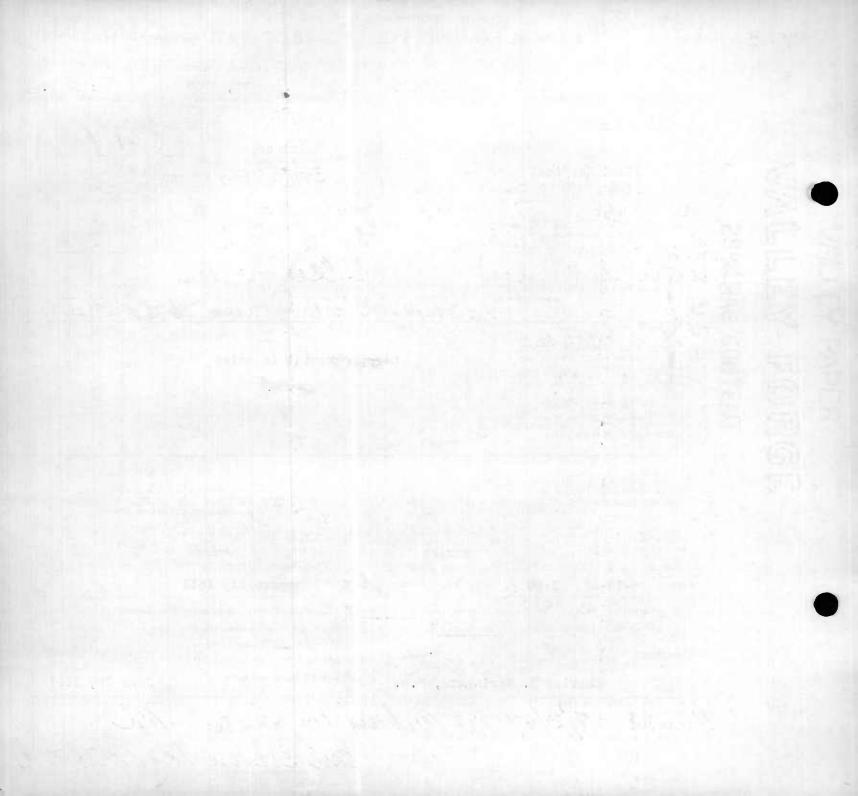


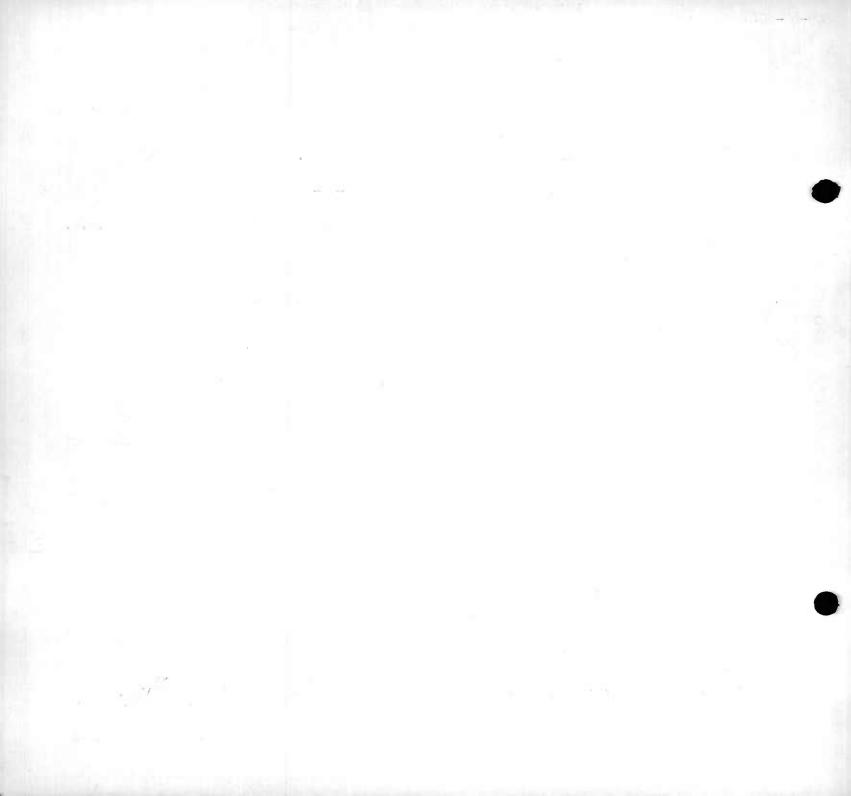
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	BALTIMORE CITT H	EALIN DEPARTMENT			OP
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.	61

BIKITI NO.		MILD	CAL LAAM	III ALIX O C	LICHICA	IL OI L	CA III wegiste		
M.E. CASE NO									
1. NAME OF I	DECEASED					2. DATE ANI	D HOUR PRONOUNC	ED DEAD	
		MA	NUEL S	SALVADORE		June	28, 1967		10:15 P.M.
3. PLACE IN B.	ALTIMORE, MAI	RYLAND, W	HERE PRONOUNCED	DEAD	A. STATE	DENCE (Where	deceosed lived. If ins B. COL	titution: resi JNTY	dence before odmission)
FULL NAME OF HOSPITAL OR	OF (IF NOT ADDRES	IN HOSPITA	AL OR INSTITUTION,	GIVE STREET		laryland	e corporate limits, write	RURAL o	nd give township)
3						DRESS (If rurol,		> 1	
1	Sinai H	Hospit	al		50		oway Avenue	2	
5. SEX Male	6. RACE	0	7. MARRIED, NEVE WIDO WED, DIVOR		B. DATE OF BIR		7 9. AGE (In years lost birthdoy)	If Unde	Doys Hours Min.
	of working life, ev	e kind of worl	ON III	NESS OR INDUSTRY	BIRTHPLACE	(State or foreig	n country)	12. CITIZ WHA	EN OF
18. FATHER'S N	AME	0.	e de la	Care	14. MOTHER'S	MAIDEN NAMI	700.		
15, WAS DECE	ASED EVER IN L	I.S. ARM FD	FORCES? 116. SC	CIAL	17. INFORMANT	see /	allen	ADDRES	
	own) (If yes, give			34-1479	Glori	a got	Luca 16	15h.	Benteloy
18,	90,81	5	710	CAUSE	OF DEATH	1		7071	INTERVAL BETWEEN
DIS	EASE OR CON	DITION DI	PECTI Y						ONSET AND DEATH
	LEADING	TO DEATH		(A) Ce	rebrocran	nial inju	uries		
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	ANTECEDEN	T · CALISE	,			4/1			
RISE TO	THE ABOVE CA	IONS, IF A	NY, GIVING	DUE TO	••••	***************************************			***************************************
Z				(C)					
HI OT H		ONDITIONS T NOT RE	CONTRIBUTING						
19A. DATE			DITION FOR WHICH	- OPERATION	20A. AUTOPS		20B. IF YES, WERE FI IN CERTIFYING CAU Yes	NDINGS C	CONSIDERED EATH?
UNDERLYIN	NAL CAUSE W.	8-	home, form	OF INJURY (e.g., , foctory, street, o	in or obout 21C. office bldg., INJU	WHERE DID (If in Boltimore City, g Unknown	ive exoct l	ocotion)
E 21D TIME	(Month) (Doy) (Yeo) (Hour) 21E, IN	JURY OCCURRED	21 F. F	HOW DID INJU	IRY OCCUR?		
(APPROX.)	6-19-6	7 2:	00 A. WHILE	AT NOT	WHILE X	Appare	ntly fell		
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re	sulted from: h	daturol co	uses Accide	ent X Suicid	e Homie	cide U	Indetermined monn	er	
		1	, ,	K- /2		MEDICAL EX			
ACTU	JAL ATURE	harl	2 / 9/2	Jak M.D.	ASSISTANT	MEDICAL EX	AMINER X		DATE SIGNED
NAME	- (Type)	harles	S. Springe		ASSOCIATE	MEDICAL EX	(AMINER	June	29, 1967
23A, BURIAL (Special Control of C		DEPT.	23C. NA	ME OF CEMETERY OF	ura les	23D. LI	CATION (City	Mil	county) (Stote)
	JUL 5		Robert 2		Earl	I Sele	noce 18		W. North





ond that in(my) (our) apinion/death accurred on the date deceased Baltimore City Hospitals Baltimore, Maryland 21224 25A. DATE REC'DIE SID 3 VS 150-REV. 1/1/65



13	67 6	2179 BALTIMORE CITY	HEALTH DEPARTMENT	67	6373
	TH NO.	CERTIFICA	TE OF DEATH	Registered No.	0070
1. N	E CASE NO.	1 10	2. DATE AND	HOUR OF DEATH	- 00
	oe or Primit Masy Marsh	ouske	Juli	1-2-196	9 / M.
	PLACE OF DEATH IN MALTIMORE MARYLAND		A. STATE B. COONT	deceased lived. If institu	tion: residence before Edmission)
1	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) NSTITUTION	ion, give street	C. CITY OR TOWN (If outs	ide city limits, write RUR	AL and give township)
10	NSTITUTION 1		Balto. C	tel	2-01
	1934 Casterne C	Eup	D. STREET ADDRESS III II	prol ove locotion)	20
5. 5		RIED, NEVER MARRIED		AGE (In years If	Under 1 Yr., If Under 24 Hrs.
1	To Was M	OWED, DIFFORCED (specify)	5-3-1899	ast birthdoy)	onths Doys Hours Min.
11	USUAL OCCUPATION (Give kind of work 10 B, KIN e during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	2. CITIZEN OF WHAT COUNTRY!
2	burealo Show	sour do	marylan	rect	1111
13.	FATHER'S NAME	6	14. MOTHER'S MAIDEN NAM	NE .	
	Joseph		HIMP.		
15	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) lif yes, give wor or doles of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	200 1	ADDRESS 1934
		220-05-9211	elevander.	Maskeye	shi Casterie
	18. 4201	CAUSE O	F DEATH	1000000	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		-77	0	CHISEI AND DEATH
	LEADING TO DEATH (This does not mean the made of dying,	e.g., DUE TO	mary / no	reboses	monulyman
	heart failure, asthenia, etc. 11 means the disc injury ar complication which caused death.)	ease,	, 7	PX 10	
	ANTECEDENT CAUSES	(8) Her	prelemence	V Lives	16 years
	DISEASES OR CONDITIONS, if any, gi	DUE TO :	P V		
	rise la lhe above cause (A) slating UNDERLYING CONDITION last.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		••••••••••••
	II.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	JTING) THE			
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION I	FOR WHICH OPERATION	20 A. AUTOPSY? IYes or No.	20B. IF YES, WERE FINE	DINGS CONSIDERED
CERTIFIC	WAS PERFORMED			IN CERTIFYING CAUSE	S OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	IIf in Boltimore Ci	ity, give exact location)
0	21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
\$	IAPPROX.)	While At Not While Work At Work			
	22. I certify that (1) (this hospital) attend	led the deceosed from	June 20 1	957 10	7/3 1967.
	that (I) (we) lost sow the deceased alive	on 6/12		-	n death occurred on the date
	and hour and from the causes stated above			•	
	23A. SIGNATURE 91	,		23	B. DATE SIGNED
	opensy y do	M.D. Ath		Staff Phys	7/3/67
	23C. PHYSICIAM'S NAME (Type)	11	23D. ADDRESS	/	
	MENRY X	HOUSKA M.D.	333 Soct	ave	
24/	BURIAL CREMATION, 248, DATE 24	IC. NAME OF CEMETERY OF CRI	EMATORY 24D. LO	CATION ICity, 1	lown, or county) (Stote)
1	Junal July 6-67	Joly Tosas		man He	WIO
25/		ME OF DEGISTRAR	25C. FUNERAL DIRECTOR	1021 6	ADDRESS
	JUL 5 1967 R.C	ent E. Tower P.	1,00 kill	1730 CU	escerio cer.
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3. P	LACE OF DI	Everett M.		4. USUAL RESIDENCE (Whe	1, 1967 ere deceosed lived. If	institution: residence before odmi
H	ULBOLLO	Hill Nursi	neinshippin, give street	Maryland C. CITY OR TOWN (If ou		e RURAL and give township)
0				The state of the s	rurol, give location)	52-00
5. S1	EX Male	6. RACE	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify) Divorced	Rt. 2 Box B. DATE OF BIRTH Dec. 1901	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 2 Months Doys Hours A
done		CUPATION (Give kind of w	ork 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		12, CITIZEN OF WHAT COUNTRY? Unknown
13. F	FATHERS NA	unknown		14. MOTHER'S MAIDEN NA UNKN		
		d Ever in U. S. Armed I (If yes, give war or d	otes of service) SECURITY NO.	17. INFORMANT Records: Bolt	on Hill Nur	ADDRESS
	18. 6g	0,01		DF DEATH		INTERVAL BETWEEN
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i		e, asthenia, etc. It mea Implication which caus	ns the disease, ed death.)	Multo	2	
		implication which caus	ns the disease, ed death.) ES (B)	Multo terre	Pentder	use years
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such
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M.E. CASE NO.	378 CERTIFICA	TE OF DEATH	Registered Na.	67 6378
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Type or Print) George 5	choen berger	- June	30,196	7 1
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	- The Type I		re deceased lived, If i	nstitution: residence before odmission
FULL NAME OF HOSPITAL OR oddress or location) INSTITUTION	tion, give street	Balto Me	lauxand	RURAL and give township)
Mercy Hospital		10 Nove 20	rurol, give locotion)	1220
SEX 6. RACE 7. MAR	RIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
M W WIDO	Namia (specify)	5-15-1897	tost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
6A. USUAL OCCUPATION (Give kind of work 10B, KIN lone during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Pape Fitter		Balto. Co	unter Mi	0
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME /	
Philip				
5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (II yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO,	17, INFORMANT	1.	ADDRESS 3806
Vies 5-6-1918 - 8-5-1	9,0216-10-1333	mis. Maris.	Schoenlys	and Intal
18/162,/1	CAUSE O	F DEATH	<u> </u>	INTERVAL BETWEEN ONSET AND DEATH
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(This does not mean the mode of dying, heart failure, osthenio, etc. II means the dise			U	
injury or complication which coused death.)	M	elastan		
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, gi	iving:			
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)			
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Z OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS	UTING			
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TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
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VS 151-REV. 1/1/65

EXAMINER'S CERTIFICATE OF DEATH Registered No.

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,,		JEROME	LEROY	SELLMA	N			July 3	, 1967		8:45	а м.
3. P	LACE IN BALT	IMORE, MAR	YLAND, W	HERE PRONO	UNCED DEAD	4. USUAL A. STATE	RESIDENCE (W	here deced	sed lived. If insti	tution: resid	dence before o	dmission)
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HO	SPITAL OR	ADDRESS	OR LOCA	TION)	DITON, GIVE STREET	C. CITY	OR TOWN (If o	outside corp	orote limits, write	RURAL or	nd give to √ns	nip)
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						D. STREET	ADDRESS (If	rural, give	lacotion)			
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				1000							- 1	

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NAME OF DE	EUGENIA (GERSON			ND HOUR OF DEATH	(00)
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()	Mt. Sinai Nu 4613 Park He			D. STREET ADDRESS (1) 9 W. Preston	street	
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	f working life, even if retired) Les Lady	Reta	il	Baltiamore,	Maryland	USA
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MEDICAL CERTIFIC	DISEASES OF THE DISEASE OR TO	ANTECEDENT CAUSI OR CONDITIONS, if obave cause (A CONDITION I asl. FICANT CONDITION I asl. FICANT CONDITION I asl. FICANT CONDITION CAUSIC CONDITION CAUSIC CONDITION CAUSIC CONDITION CAUSIC CONDITION CAUSIC CONDITION CAUSIC CONDITION CAUSIC CONDITION (Yes was a conditional causic conditional causic conditional cause of medical examiner) (Month) (Doy) (Yes that (I) (This hospital cause of from the causes signed cause of from the causes signed cause of from the causes signed cause of from the causes signed cause of from the causes signed cause of from the causes signed cause of the	CONTRIBUTING CONTR	B. PLACE OF INJURY (e.g., me, form, foctory, street, c.) E. INJURY OCCURRED (hile At Not Whoth with the deceased from (1) (We) (did) (dld not)	20 A. AUTOPSY? (Yes in or obout 21 C. WHERE D office bldg., INJURY OCCU 21 F. HOW DIE wiew the body after de thending Med. Director [23 D. ADDRESS 5415 PARK	or No) 208. IF YES, WE IN CERTIFYING HD (If in Bolting) 18? D INJURY OCCUR? 19	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct location) June 30 19 opinion death accurred an t
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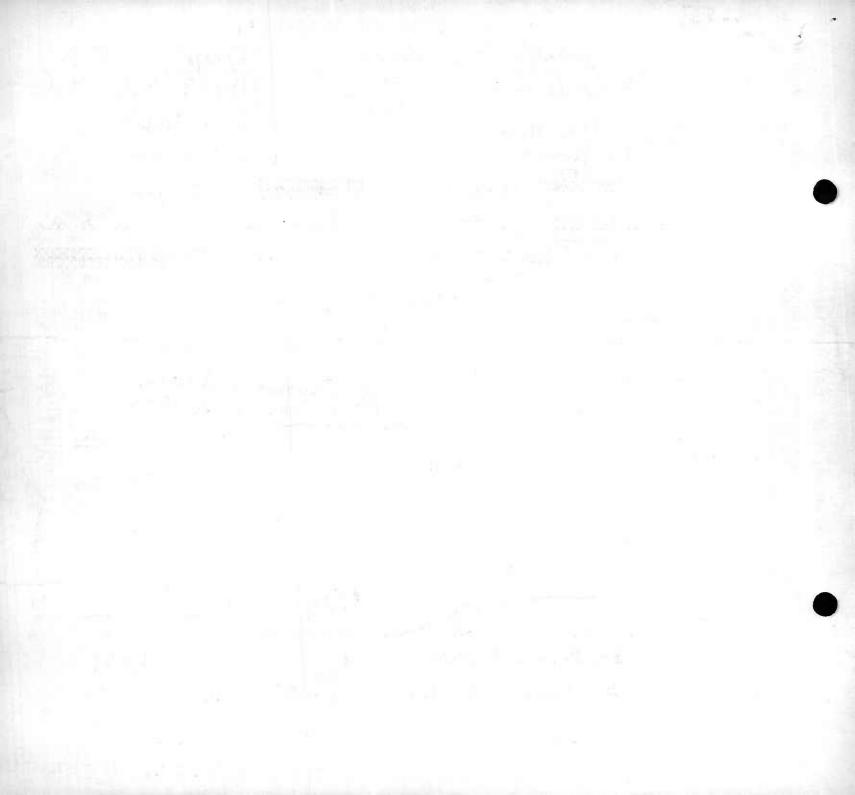
LEVINSON & BROS. INC., 6010



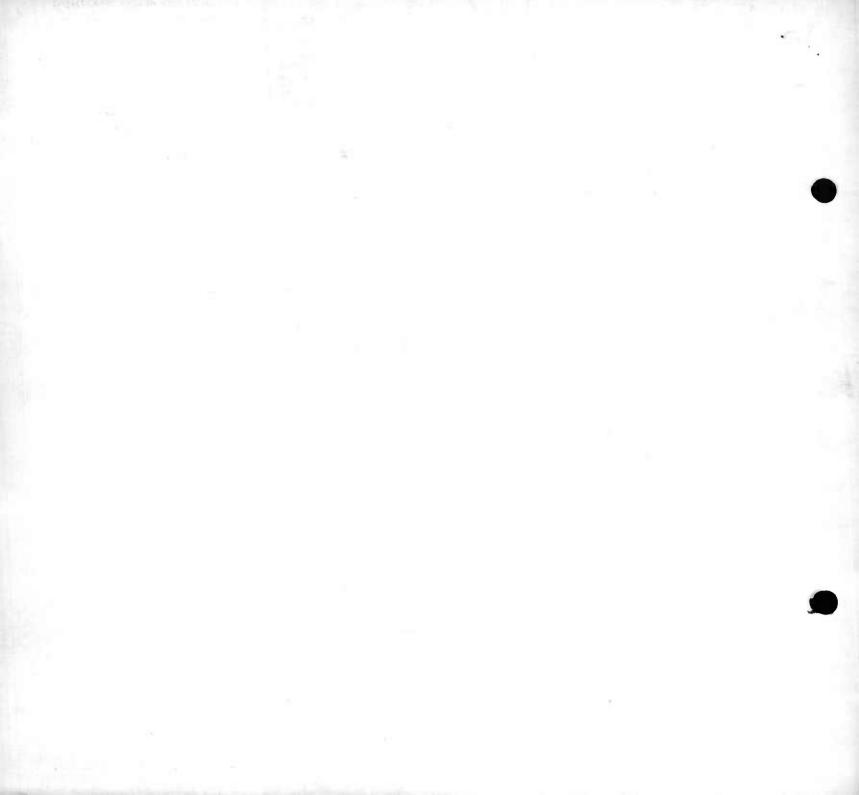
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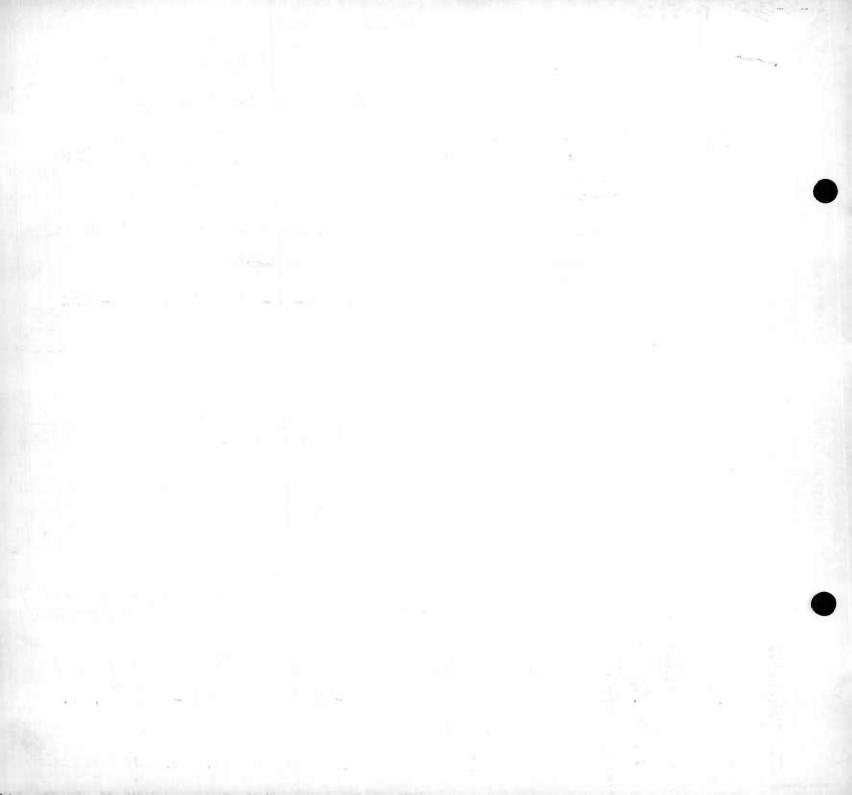
DIRECTOR:

FUNERAL



1. NAME OF DECE (Type or Print)	ACED		ATE OF DEATH Registered No.	
1.7 be or cum	FANNIE G.	BERESONSKY	JULY 1, 1967	3 P
3. PLACE OF DEA	TH IN BALTIMORE, MAI		4. USUAL RESIDENCE (Where deceosed lived, If in	stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	oddress or location	atlmore Ave.	Maryland c. CITY OR TOWN (If outside city limits, write of Baltimore D. STREET ADDRESS (If rurol, give location) 8 3801 Stathmore Ave.	(URAL ond give township)
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. , If Under 24 Hrs.
Female	White	Married (specify)	lost birthdoy)	Months Doys Hours Min.
	PATION (Give kind of work vorking tite, even if retired)	108. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House		Home	Russia	USA
3. FATHER'S NAM	Wolf Weinber	0	14. MOTHERS MAIDEN NAME Mildred ?	
	Ever in U. S. Armed Force		17. INFORMANT	ADDRESS
Yes, no or unknown)	(If yes, give wor or dote:	s of service) SECURITY NO.	Joseph Beresonsky Sa	_
18.	3.5-1	CAUSE	OF DEATH	INTERVAL BETWEEN
	E OR CONDITION DIR	ECTLY	10.0.	ONSET AND DEATH
	LEADING TO DEATH at meen the made of	dving, e.g., DUE TO	metalass Hum	omming
heort failure,	asthenio, etc. II means plication which coused	me discose,	metal has tem	
	INTECEDENT CAUSES	Time!		
	R CONDITIONS, if a	DUE TO		
rise to the	abave couse (A)			0 transistant a la a a a a a a a a a a a a a a a a a
UNDEREITING				
E TO THE DE	II FICANT CONDITIONS CO EATH BUT NOT RELA CONDITION CAUSING IT	TED TO THE		
19A. DATE OF		DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBU	TING CAUSE OF medical examiner	21B. PLACE OF INJURY (e.g home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	City, give exact location)
-	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)		While At Not W		
	that (I) (this hospital)) attended the deceased fram	1958 19 ta 7-	1-67 19
22. I certify		- 11/1	/	/
	last saw the decease	d alive an 7/1/68	19and that in(my) (aur) api	nian death accurred an the dat
that (I) (we)		d alive an /// 6 5 ed abave. (1) (We) (did) (did not		nian death accurred an the dat
that (I) (we)	fram the causes stat	ed abave. (I) (We) (did) (dtd not) view the bady after death.	23B, DATE SIGNED
that (I) (we)	fram the causes stat	ed abave. (I) (We) (did) (did not		
that (I) (we)	fram the causes state	ed abave. (I) (We) (did) (did not	Attending Med. Stoff Phys. 23D. ADDRESS	23B, DATE SIGNED
that (I) (we) and haur and 23A. SIGNATUI	fram the causes state	ed abave. (I) (We) (did) (did not	Attending Med. Stoff Phys. 23D. ADDRESS D. 4000 W. Northern Parku	23B, DATE SIGNED
that (I) (we) and haur and 23A. SIGNATUI 23C. PHYSICIAN NAME (Ty	fram the causes state RE Author N'S pe Dr. MILTON MATION, 248, DATE	ed abave. (I) (We) (did) (did not	Attending Med. Stoff Phys. 23D. ADDRESS D. 4000 W. Northern Parkut CREMATORY 24D. LOCATION (Ci	23B, DATE SIGNED Pay lay, town, or county) (Stote)
that (1) (we) and haur and 23A. SIGNATUI 23C. PHYSICIAN NAME (Ty 24A. BURIAL CREA REMOVAL (S) BURIAL	From the causes state RE ALL N'S Poe Dr. MILTON AATION, 24B, DATE 7/2/67	KIRSH A.D. 24C. NAME of CEMETERY OF COMBETTERY Beth Jacob Com	Attending Amed. Stoff Phys. 23D. ADDRESS D. 4000 W. Northern Parkus CREMATORY 24D. LOCATION (C) 1. Cemetery Finksburg, M	23B, DATE SIGNED Pay Ty, town, or county) (Stote) d.
that (I) (we) and haur and 23A. SIGNAJUI 23C. PHYSICIAN NAME (Ty 24A. BURIAL CREA REMOVAL (S)	Prom the causes state RE Property Dr. MILTON AATION, 24B, DATE 7/2/67	KIRSH M. 24C. NAME of CEMETERY or C	Attending Med. Stoff Phys. 23D. ADDRESS D. 4000 W. Northern Parkw. CREMATORY 24D. LOCATION (C)	23B, DATE SIGNED Pay Ty, town, or county) (Stote) d. ADDRESS





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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the 🗷	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written generoval must be obtained before the remains are embalmed or final disposition is made.

67 63	BALTIMORE CITY	HEALTH DEPARTMENT		07 0000
PIKIN NO.	386 CERTIFICA	TE OF DEATH	Registered No	. 67 6386
M.E. CASE NO. I. NAME OF DECEASED		2. DATE AN	ND HOUR OF DEAT	H
Type or Print) ROSE	MATRICK	TUNE	30. 1967	11 D
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	THE TALL		re docoosad lived. If	institution: residence before admissi
FULL NAME OF (II not in hospital or institut	ion, give street		N I I	27-1
HOSPITAL OR oddress or locotion) INSTITUTION		C. CITY OR TOWN (11 ou	tsido city limits, write	e RURAL and give township)
BELVEDERE NURSING HOME		BALTIMORE		
2525 W. BELVEDERE AVENUE			rural, give location)	
			DRIVE	
WIDO	RIED, NEVER MARRIED DWED, DIVORCED (spocily) ARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min
DA. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loro		12. CITIZEN OF
tone during most of working life, even if retired)		24.225		WHAT COUNTRY?
HOUSEWIFE A	T HOME	RUSSIA	AAE	USA
OF PATRICE STANIE		WOINERS MAIDEN NA	IAIE	
BORIS FRANTZ		KATE PEARLI	MAN	
5. Was Deceased Ever in U.S. Armod Forcas? Yes, no ar unknown) (If yes, givo war ar datas of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO		MDS ELADENCE	CHUNED 001	IE PACENE OPTUE
18. 2 2 9 / 1	CAUSE OF	MRS. FLORENCE.	SNYDEK, ZZ	15 ROGENE DRIVE
DISEASE OR CONDITION DIRECTLY		4 1 4 1	1	ONSET AND DEATH
LEADING TO DEATH	11.4	IN cerebral H	mwan	Munch
(This does not mean the made of dying,	e.g., DUE TO			
heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ase,			
ANTECEDENT CAUSES	(B)			
	DUE TO			
DISEASES OR CONDITIONS, if any, gi	the (C)			
UNDERLYING CONDITION last.	(97			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
II			1.00	
			1.	
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	IHE			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20 A. AUTOPSY? (Yos or No	20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Boltim	ore City, give exect location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical axaminet)	homo, form, loctory, stroot, of otc.)	fice bldg., INJURY OCCUR?		
	21E, INJURY OCCURRED	21F. HOW DID INJ	IIIBY OCCURS	1
OF INJURY	While At Not While		OKT OCCUR!	
(APPROX.)	Work At Work		(0)	1 , 1 , -
22. I certify that (I) (this heapten!) oftend	ed the deceased from/	5/ 10	196) to	P/30/6) 19
that (1) (we) lost saw the deceased alive	(2/5/1/1/	19ond th	not in (my) (aux) o	plnian death accurred on the
ond hour and from the causes stated above	/ '/ '		. ,, ,==,,	
23A. SIGNATURE (2	(-/ // (/ (utu iidi) v	The body dilet deomi.		238, DATE SIGNED/
handa M/12	M.D. Atte	inding Mod.	Stoff	1/1/17
The state of the	Phy:	s. Director	Phy s.	1/1/6/
23C-PHYSICIAN'S NAME (Type)	3	23D. ADDRESS		
			and the second	,
DR MILITAN K	TRCH M.D.	4000 W. MORTH	HERN PARKUA	(V
DR. MILTON K	IRSH M.D.	4000 W. NORTH	HERN PARKWA	
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE		OCATION	(City, town, or county) (Stat
PR. MILTON K AA. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Removal July 4/67	IRSH C.Name of CEMETERY of CRE Montificate	PI	biladelphia	(Stote Pa.
AA. BURIAL CREMATION, 24B. DATE 24R PARENOVAL (Specify) Removal July 4/67	C. NAME of CEMETERY OF CRE	25C. FUNERAL DIRECTOR	biladelphia	(City, town, or county) (Stat



BALTIMORE CITY HEALTH DEPARTMENT

written approval was D.O.A. Ö

Baltimore	AL and give township)
D. STREET ADDRESS (If rurol, give location)	0 = 0:
Levindale Hebrew Home	& Informary
B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RUSSIA	USA
14. MOTHER'S MAIDEN NAME	
MARY ?	
17. INFORMANT	ADDRESS
HOSPITAL RECORDS	
OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
Bronch preumania	12 days
4	12
ASCVD	12 years

20A. AUTOPSY? (Yes or No.) 20B. JF YES, WERE FII	NDINGS CONSIDERED
NO	NDINGS CONSIDERED SES OF DEATH?
, in or obout 21C. WHERE DID (If in Boltimore of office bldg., INJURY OCCUR?	City, give exoct locotion)
21F. HOW DID INJURY OCCUR?	
hile rk	
11-1- 1955 10	7-2 1967.
view the bady after death.	
	23B. DATE SIGNED
Attending Med. Stoll Phys.	7-2-67
D. 5912 Cross Country Bivro	l. Baltimore, Md
CREMATORY 24D. LOCATION (City,	, town, or county) (State)
BALTIMORE, MD.	
25C. FUNERAL DIRECTOR	ADDRESS
SOL LEVINSON & BROS 6010 F	REISTERSTOWN RD.



Milton John was 12 5 - 1 - 2 - 3

CLINION MEMBER AL HOSP JEZ BERGHANT AVE 65 60-81-21 W.

Bultenare, Nd American Course Wagner MERRED WOLLEY

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Charles S. Springate, M.D. NAME (Type) 23A. BURIAL CREMATION. 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) REMOVAL (Specify) Davy West Virginia Burial July 6. 1967 Justes Cemeter 24A. DATE REC'D BY HEALTH DEPT. 24B NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS The Dippel Brothers Inc 1800 E Lombard St. VS 151-REV. 1/1/65

The same deposit of the same of the THE LOSS AND AND ASSESSMENT OF SUFFERENCE OF restauration seed that , this makes

VS 151-REV, 1/1/65

	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) CDODGD A DOUBLE	ID 6	2. DATE AND HOUR PRONOUNCE	
	GEORGE A. BOWDI		July 1, 1967	10:15 A.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	A. STATE	ENCE (Where deceased lived, If ins	titution: residence before odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIV		aryland VN (If outside corporate limits, writ	e RURAL ond give township)
26	INSTITUTION	В	altimore	
169	Franklin Square Hospital	(DOA)	RESS (If rurol, give location)	
7.1	5. SEX 6. RACE 7. MARRIED, NEVER MA	` '	5 S. Stricker Stre	If Under 1 Yr. If Under 24 Hrs.
	Male White	specify) 7/28	9. AGE (In years lost birthday)	Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS	0		12. CITIZEN OF
	done during most of working life, even if retired) Carpenter Bullding	Penr	1.	WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S M		и
	Leuis Boudens	Un	KNOWN	
	(Yes, no or unknown) (If yes, give wor or dotes of service) 16. SO CIAI SECURI			ADDRESS
	4 69 W.W.T 216-	12-5302 NETTIC	Bowders 155	, STRICKER ST
	18. 422, / 1	CAUSE OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Arterioscleroti	c cardiovascular d	lisease
	heart foilure, asthenia, etc. It means the disease,	OUE TO	c cararovascarar c	130430
	injury or complication which coused death.)			
	ANTECEDENT CAUSES			
	DISEASES OF CONDITIONS IF ANY CHANG	(B)		
	RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO		
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO		
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO		
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a hospital and

BIRTH NO.	67	6343	TY HEALTH DEPARTA		67 6393
1. NAME OF DEC		. CONDOR BERT	2, 1	JUNE 30. 1967	10:55 P
FULL NAME (HOSPITAL OR	ATH IN BALTIMORE, MAR	AYLAND or institution, give street	MARYLAND	CE (Where deceased lived. If it B. COUNTY BALTIMORE	nstitution: residence before admission
INSTITUTION .	VETERANS ADMIN 3900 LOCH RAVE	ISTRATION HOSPITAL N BOULEVARD	BALTIMORE D. STREET ADDRESS	S (If rurol, give location)	RURAL and give township)
5. SEX	BALTIMORE, MAR	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	PIS AVENUE	If Under 1 Yr. If Under 24 Hrs
MAIE	CAUCASIAN	WIDOWED, DIVORCED (specify) DIVORCED 108. KIND OF BUSINESS OR INDUST	8-24-93	73	Months Doys Hours Min.
	working life, even if retired) WASTER		NORTH CAR	AOLINA	WHAT COUNTRY? UNITED STATES
	B. MAXWELL		NAVY SES	SOMS	
YES	d Ever in U. S. Armed Forc n) (If yes, give wor or dotes 7/9/18-9/30/	204-03-99-23	3900 LOCH	RANS HOSPITAL R RAVEN BLVD, BAL	ECORDS ADDRESS TIMORE, MD. 21218
18.	5 / 1		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)	EPATIC FAILU	re	ONE WEEK
heort foilure	not mean the made of , asthenia, etc. It meons mplicalian which caused ANTECEDENT CAUSES	the disease, death.) ASC	CHOLA ENDING MALLAN	NGITIS (2006)	TWO WEEKS
rise to the	OR CONDITIONS, if one obave cause (A) G CONDITION lost.		TE CHOLECYST	ITIS	THREE WEEKS
TO THE	III IIFICANT CONDITIONS CO DEATH BUT NOT RELATE CONDITION CAUSING II F OPERATION 198. COND WAS PERF	TED TO THE	20A. AUTOPSY? (1	(es or No) 208, IF YES, WERE	FINDINGS CONSIDERED
OR CONTRIB	ACUTE ENT WAS UNDERLYING UTING CAUSE OF	CHOLECYSTITIS 218. PLACE OF INJURY (e.g. home, form, foctory, street,	, in or about 21 C. WHER office bldg., INJURY OF	E DID (If in Boltimo	
DEATH (nofif	y medical examiner) (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRED While At Not Work Not Work	hile	DID INJURY OCCUR?	
22. I certif	y that 🕰 (this haspital)	attended the deceased fram	JUNE 9	1967 to JU	NE 30 19 67
		d alive an JUNE 30 ed abave. 76) (We) (did) 79995(inian death accurred an the dat
23A SIGNAT	ure walk /	M.D. A	Attending Med.	Stoff Phys,	JUIX 1, 1967
PHYSICIA NAME (AN'S Type		230. ADDRESS VE	TERANS ADMINIST	RATION HOSPITAL
ERNI 24A. BURIAL CR REMOVAL		M.D. M.	3900 DOCH	RAVEN BLVD, BAL	TIMORE, MD. 21218 City, town, or county) (Stote)
removal	July 1/	67 Fisher Cemeter			ADDRESS
VS 150-REV. 1/1		Roberts E. Fallyns	Ulrich	Funeral Home 42	10 Belair Baltimor

A TOTAL OF

1967

VS 150-REV, 1/1/65

BRTH NO.

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

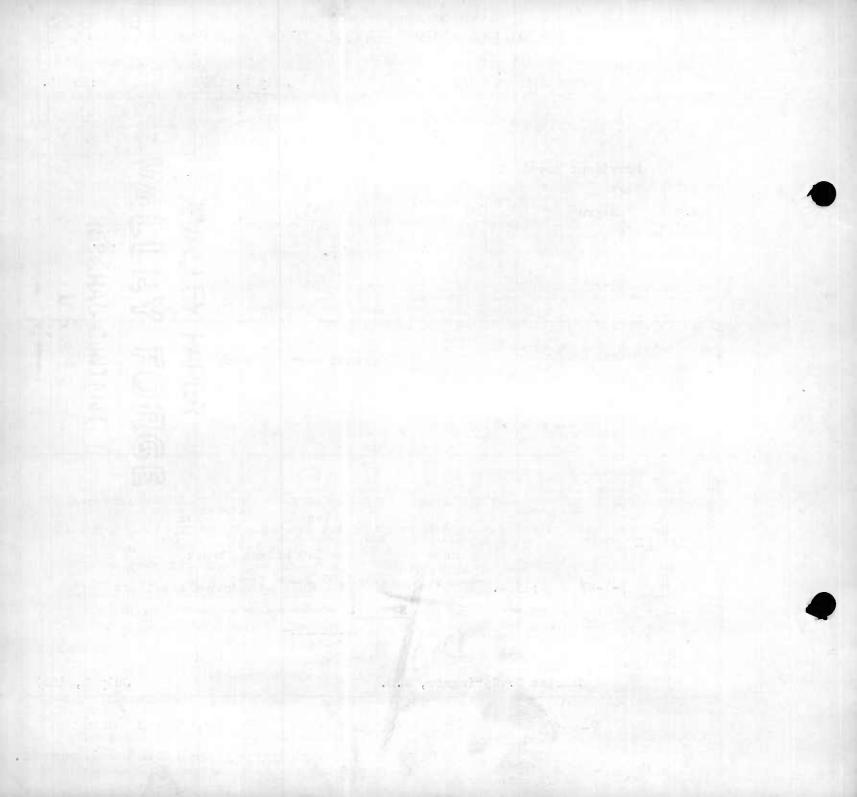
If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Lewis A Brown 2903 Old Joppa Road INTERVAL BETWEEN ONSET AND DEATH 1 Block - Stokes adams 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact lacation) 19. and that in(my) (euc) opinion death accurred on the date (City, town, or county) 25C. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 4210 Belair Road

Registered Na.

7.55pm

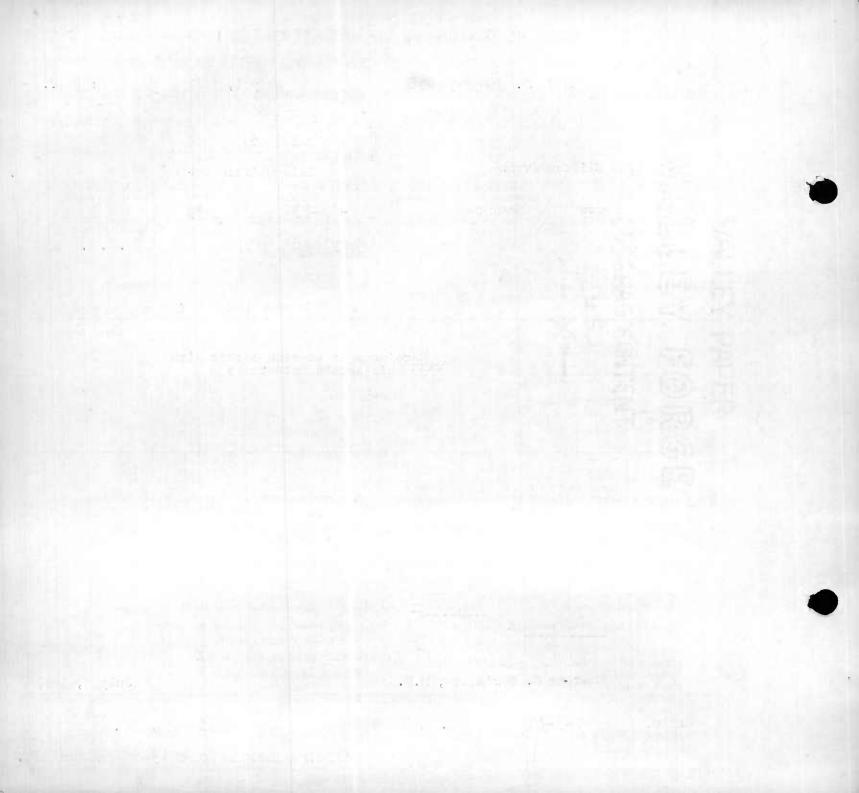


NIAME OF DECEASES		0.00.00.00.00.00.00.00.00.00.00.00.00.0	NCED DEAD
Type or Print) ROI	BERT MARCUS	July 2, 1967	8:15 A. M.
PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If A. STATE B. C	
ULL NAME OF (IF NOT IN HOSP	TITAL OR INSTITUTION, GIVE STREET	Maryland	
OSPITAL OR ADDRESS OR LOC	CATION)	C. CITY OR TOWN (If outside corporate limits,	write RURAL and give township)
		Baltimore D. STREET ADDRESS (If rurol, give locotion)	Contraction of the Contraction o
Provident Ho	ospital	540 Wilson Street	
. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yes	ors If Under 1 Yr, If Under 24 Hrs
Male Negro	widowed, divorced(specify) single	5-26-36 lost birthdoy!	Months Doys Hours Min.
	ork TOB. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired		S.C	US.A.
B. FATHER'S NAME		14. MOTHERS MAIDEN NAME	
Willie M		Ophelia	
5. WAS DECEASED EVER IN U.S. ARM es, no or unknown) (If yes, give wor or de		17. INFORMANT	ADDRESS
			illiston
18. 7 9 1 X4	CAU	SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF	ANY, GIVING DUE TO		***************************************
21A, EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB- UTING CAUSE OF DEATH.	NS CONTRIBUTING RELATED TO THE NG IT. ONDITION FOR WHICH OPERATION ERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C YES g., in or obout 21C. WHERE DID (If in Boltimore City, office bldg., INJURY OCCUR? 540 Wilson Street	AUSES OF DEATH?
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VS 151-REV. 1/1/65

(Tyr	NAME OF DEC	EASED				2. DATE AN	ID HOUR PRONOUNC	ED DEAD	
			SIE J. Pe	ndergast		July	y 1, 1967		5:10 P.M.
3. P	LACE IN BALTI	MORE, MARYLA	ND, WHERE PRONO	UNCED DEAD	4. USUAL RES	Moses Lone	deceosed lived. If ins B. CO	titution: resi UNTY	idence before odmission)
	L NAME OF	(IF NOT IN	HOSPITAL OR INSTIT	UTION, GIVE STREET	C. CITY OR T	Maryland	1 de corporate limits, wri	e RURAL o	ond give township)
	TITUTION					Baltimo	1	1	04
		1616 Clif	ton Avenue		D. STREET AD	DRESS (If rurol			- 1
-							ifton Avenue		
5. \$		6. RACE	WIDOWED,	DIVORCED (specify)	B. DATE OF BI	RTH	9. AGE (In years lost birthdoy)	Months	T Doys Hours Min.
	remale	Negro	Divor	Ced F BUSINESS OR INDUSTR	7-15		33	lo CITI	ZEN OF
		orking lile, even if		DOSINESS ON INDUSTR			gn country)	WHA	AT COUNTRY?
13.1	ATHER'S NAM	E			Maryl:	MAIDEN NAM	I É		S.A.
		Gilber	t Hayes		An	nie			
		EVER IN U.S.	ARMED FORCES? or dotes of service)	16. SO CIAL SECURITY NO.	17. INFORMAN			ADDRES	S
	1515				Annie	Hayes	1616 Clff	ton /	venue
	1B. /7/	X	35 31	CAUSI	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITI	ON DIRECTLY						
	(This does no	ot meon the m	node of dying, e.g., t means the disease,	(A) Carcin	noma of t idespread	terine o	cervix with		
	injury or com	plication which	coused death.)		zacopzeac	. me cabe	2000		(2) (CA-11)
		NTECEDENT C		(P)					100
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z	UNDERLYIN	G CONDITION	LAST.	(C)			***************************************		
CATION		II .				**			
ERTIFICA	TO THE I	CONDITION C.		THE			•••••		•••••••••••••••
CER.	19A. DATE OF		B. CONDITION FOR AS PERFORMED	WHICH OPERATION		SY? (Yes or No)	20B. IF YES, WERE F		
_	21 A. EXTERNAL UNDERLYING	OR CONTRIB-	21 B. home elc.)	PLACE OF INJURY (e.g., e, farm, factory, street,	in or obout 21C	WHERE DID	(If in Baltimore City, g	give exoct I	ocolian)
CAL	UTING CAUS	E OF DEATH.							
MEDICAL	21 D TIME	(Month) (Doy)	(Yeor) (Hour) 2	TE. INJURY OCCURRED	21 F.	HOM DID INT	URY OCCUR?		
MEDICAL			\	WHILE AT NOT	WHILE	HOW DID INJ	URY OCCUR?		
MEDICAL	21 D TIME OF INJURY (APPROX.)	(Month) (Doy)	m. \	WHILE AT NOT AT V	WHILE D			my onini-	10
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	ME OF DECEA		ALPH W. CAMPBELL		July 1,		1:52 A. _{M.}
	LAME OF		WHERE PRONOUNCED DEAD	A. STATE	[aryland	B. COUNTY	sidence before odmission)
HOSPIT	AL OR	ADDRESS OR LOC	CATION)	I	WN (If outside corporote Baltimore	16	ond give township)
0	839	N. Augusta		8	RESS (If rurol, give loco	ta Avenue	
5. SEX	ale 6.	Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Separated	April 28	lost b	SE (In years If Und birthdoy) Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
done du	ring most of work	MON (Give kind of wing life, even if retired	ork 10B, KIND OF BUSINESS OR INDUST	Essex	Co. Va.	12. CIT	ZEN OF AT COUNTRY?
13. FAT	Willie	Campbell		14. MOTHER'S M	AIDEN NAME		
15. WA (Yes, no	orunknown) (If	VER IN U.S. ARMI yes, give war or do	ED FORCES? 16. SOCIAL SECURITY NO. 225-26-6744	Grace J	effries, 839	N Augusta	
ICATION	hear foilure, as injury or compliance of the ANT DISEASES OR RISE TO THE AUNDERLYING OTHER SIGNIFITO THE DE	meon the mode thenio, etc. Il meo colion which coused CONDITIONS, IF BOVE CAUSE (A) CONDITION LAST	ANY, GIVING STATING THE I. (C)				
			NG IT. NIDITION FOR WHICH OPERATION ERFORMED	20 A. AUTOPSY	? (Yes or No) 20B. IF Y	ES, WERE FINDINGS FYING CAUSES OF E	
AEDIC	A EXTERNAL CODERLYING ON CAUSE	CONTRIB- OF DEATH.	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) 201 (Hout) 21E. INJURY OCCURRE	office bldg., INJUR	WHERE DID (If in Bolting OCCUR?		locotion)
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BALTIMORE CITY HEALTH DEPARTMENT

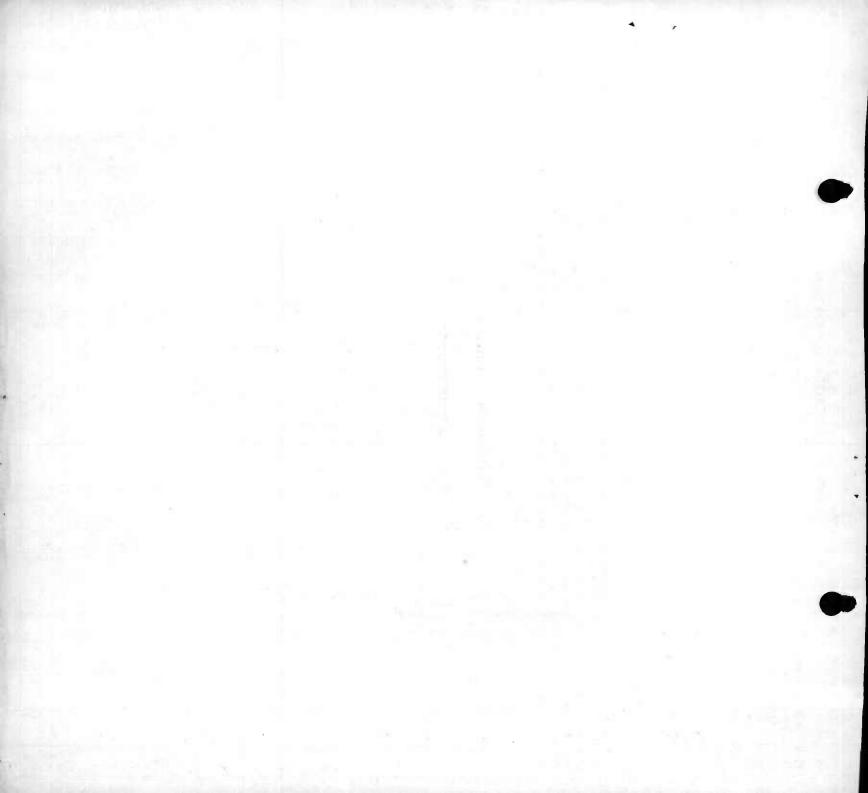
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BIRTH NO. 6399 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No. 67 6399
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
CHARLES MAYS	July 2, 1967 11:00 p.m.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If autside corporate limits, write RURAL and give township)
IN 311 0 HON	Baltimore
	D. STREET ADDRESS (If rural, give lacation)
2108 Mura Street	2108 Mura Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.
WIDOWED, DIVORCED(specify)	Manths, Days, Hours, Min.
Male Colored JACTLE & 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR'	YM. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
dane during most of working life, even if refined)	LE WHAT COUNTRY?
13. PATHER SNAME	Milmville 1/10;
1 500	14. MOTHER'S MAIDEN NAME
Charles Mark	allale,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown), (If yes, give war ar dates of service) SECURITY NO.	17. INFORMANT ADDRESS
Ma	amie & Mars - 1225 Custer
TIE. CAUSI	E OF DEATH INTERVAL BETWEEN
	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ite coronary occlusion with
(This daes not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	sh myocardial infarction
injury ar camplication which caused death.)	in myocardiar intarcenton
ANTECEDENT · CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,	
(c)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	***************************************
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	YES
	in ar about 21C. WHERE DID (If in Baltimare City, give exact location)
UTING CAUSE OF DEATH.	
21D TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT \to NOT	WHILE
m. WORK AT W	ORK L
	tapsy X and that an this basis, death in my apinian
resulted fram: Natural causes X Accident Suicid	le Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER X
ACTUAL 1	DATE SIGNED
	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Russell S Fisher M D	ASSOCIATE MEDICAL EXAMINER
23A, BURIAL CREMATION. 23B DATE 23C, NAME OF CEMETERY	July 3, 1967 or CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	fl Rel + mel
Durial July 7/67 arbeiting	Mem last arbulue ma
24A. DATE REC'D BY HEALTH DEPT. 24B NAME OF REGISTRAR	24C. FUNERAL DIRECTOR . ADDRESS
JUL 5 1967 A De B & Farley MA	Millon E. Elekeax 1129 M. Curtine
VS 151-REV. 1/1/65	Myulon co. werkear 1127 11: Meters
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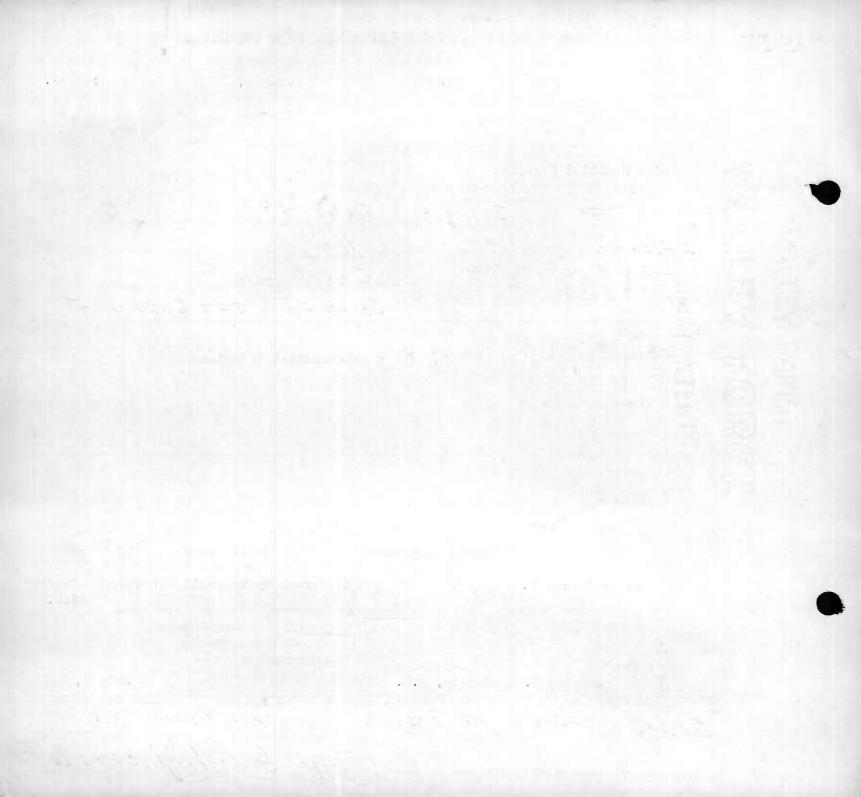
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BALTIMORE CITY HEALTH DEPARTMENT



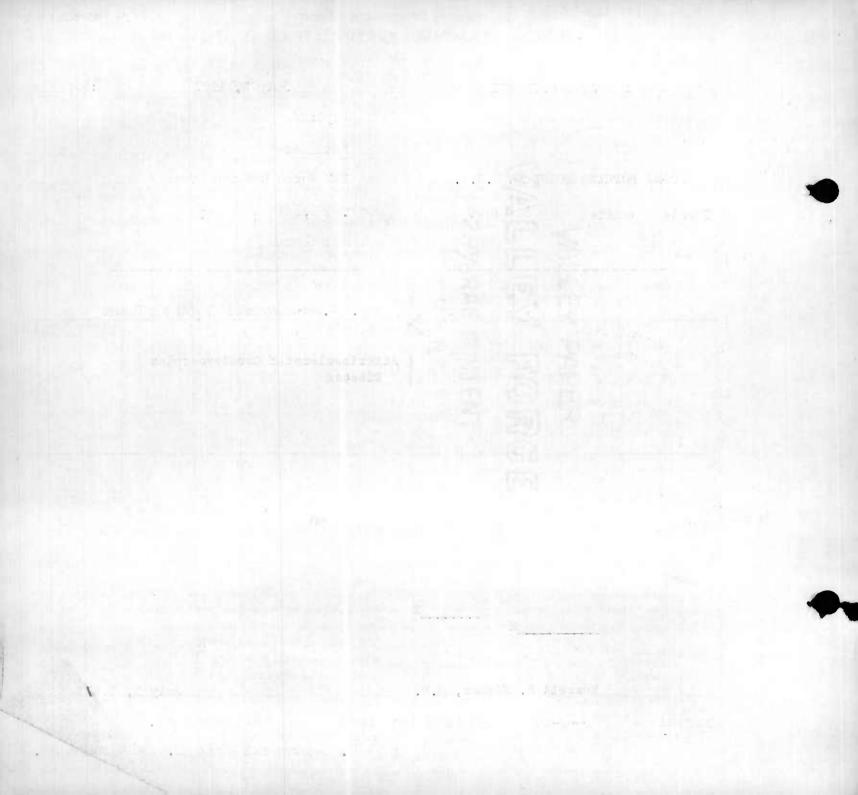
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered Na.

	1. NAME OF DECE		T777NT	DOUNTNO			HOUR PRONOUN	CED DEAD	6.40	٨
	3 PLACE IN RAITIA	MORE, MARYLAND,	EVIN	DOWNING	I IICHAL BECH		1, 1967 deceased lived. If in:	stitution; socia	6:40	A. M.
11	S. PLACE IN BALIIN	VIORE, MARIEAND,	WHERE PROMO	ONCED DEAD	A. STATE	Maryland	B. CO	UNTY	dence belore	ogmi s sion/
П	FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LO	ITAL OR INSTIT CATION)	UTION, GIVE STREET	C. CITY OR TO	WN (If outside	corporate limits, wri	ite RURAL or	d give town	ship)
1	A P					Baltimo:		1	6	77
1	4 Union	Memorial 1	Hospital		D. STREET ADD			004		,
-	5. SEX 6.	RACE	7. MARRIED	, NEVER MARRIED	B. DATE OF BIRT		t 23rd Str	If Under	1 Yr. If Und	fer 24 Hrs.
	Male	Negro	5	DIVORCED (specify) 1 N 9 / E	Dec. 6	. 1947	7 lost birthdoys 19		Days Hour	s Min.
done during most of working life, even if retired)					M. d	(Stote or toreign	country)	12. CITIZE	EN OF T COUNTRY	?
Ī	3. FATHER'S NAME		DOWNII	NG	14. MOTHER'S M		mith			
		EVER IN U.S. ARM		16. SOCIAL	17. INFORMANT	7, 0,	101111	ADDRESS		4
	Yes, na or unknown) (I	If yes, give wor or do	ates at service)	SECURITY NO.	SARAH	Smith	327 &	. 230	d de	t
	1B.	863 X		CAUSE	OF DEATH				INTERVAL ONSET AN	
		OR CONDITION			C. 195					
	(This does not	LEADING TO DEA	of dvina e.a.	DUE TO	Cerebrocr	anial in	ijuries			
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-11	AN	TECEDENT - CALL	222							
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1	DISEASES OF RISE TO THE UNDERLYING	R CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAST II IFICANT CONDITION SEATH BUT NOT	ANY, GIVING STATING THE T.	(C)						
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67. 6403

BIRTH NO. MEDI	CAL EXAMINER 3	CERTIFICATE OF DEATH Register	ed Na.
M.E. CASE NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOUNCE	DEAD
Caroline CAROLYN NOWA	KOWSKI	July 2, 1967	6:35 p M
3. PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institu	ution: residence before admission
FULL NAME OF (IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Maryland	
HOSPITAL OR ADDRESS OR LOCA	TION)	C. CITY OR TOWN (If outside corporate limits, write	RURAL and give township)
-		Baltimore	600
		D. STREET ADDRESS (If rurol, give location)	
JOHNS HOPKINS HOSP	TTAL D.O.A.	202 North Luzerne Avenue	
5. SEX 6. RACE	7, MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr, If Under 24 Hi Months, Doys, Hours, Min.
7 77	Widowed Widowed	Nov. 24,1899 67	Potonins Doys Hours Poting
Female White		TRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF
done during most of working life, even if retired)			WHAT COUNTRY?
Housewile 3. FATHER'S NAME		Maryland	
		T. MOTHER'S MAIDEN HAVE	
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5. WAS DECEASED EVER IN U.S. ARMED Yes, no or unknown), (If yes, give wor or dotes		17. INFORMANT	ADDRESS
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SIGNATURE /	- Muen M	D. ASSISTANT MEDICAL EXAMINER	
EXAMINER'S		ASSOCIATE MEDICAL EXAMINER	
	S. Fisher, M.D.		y 3, 1967
23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify)	23C. NAME of CEMETER		town, or county) (Stote)
Burial 7-6-6	7 Oaklawn Cer	metery Baltimore Md	
AA. DATE REC'D BY HEALTH DEPT.	24B NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	Baltimore St.
VS 151-REV, 1/1/65			



e de	BALTIMORE CITY HEALTH DEPARTMENT	CAO
1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67	640
_	2 DATE AND HOUR PRONOUNCED DEAD	

1. NAME OF DECEASED (Type of Print) 1. NAME OF DECEASED (Type of Print) 1. OHN WEST SMITH 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION 1. USUAL RESIDENCE (Where deceased lived. If institution: residence before on the second lived.								M.E. CASE NO.
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	GNED	DATE SIGNE			ren ur	Ful		
EXAMINER 3 ASSOCIATE MEDICAL EXAMINER					Mto L			
NAME (Type) Russell S. Fisher, M.D. July 3, 1967			MEDICAL EXAMINER		Fisher, M.D.			
A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county)	(Stote)	lv 3, 1967				ell S.	(Type) Russ	1171112 /
			July	CREMATORY	C. NAME OF CEMETERY		EMATION, 238. DATE	A. BURIAL CRE
AA. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS	nd	town, or county) (Stot	23D. LOCATION (City, town			23	EMATION, 23B. DATE	BA, BURIAL CRE
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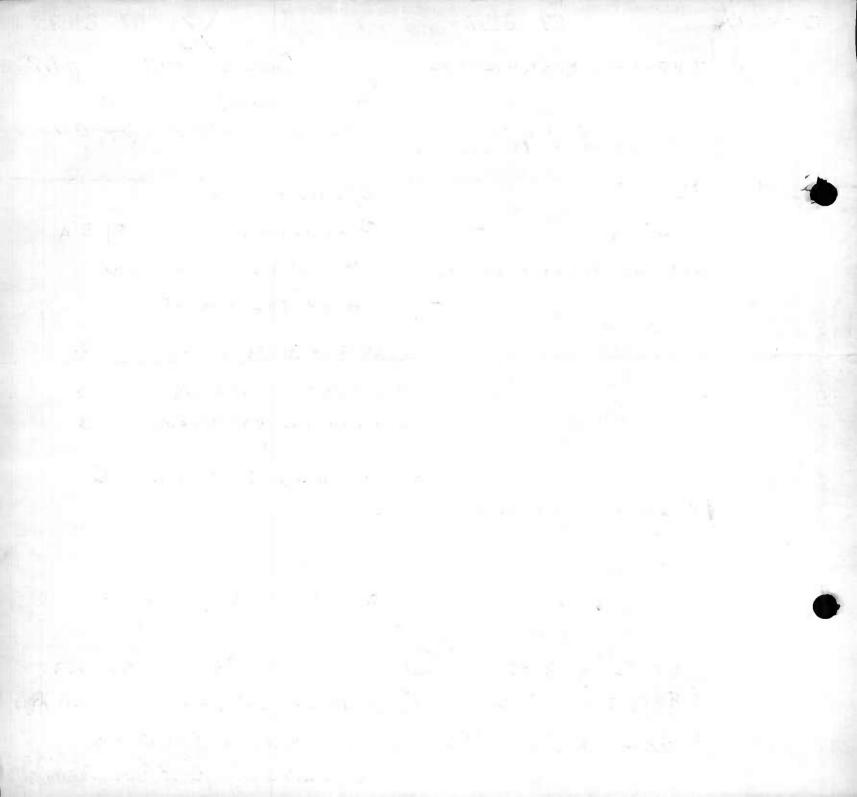
First 1. Company of the last o

	CEASED			2. DATE AND HOUR PRONOUNCED I	DEAD	
Type or Print)	HERMAN C	ANNIE GARDNER (Her	mon)	T1 2 1067	1 2 /5 "	
PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDE	July 2, 1967 ENCE (Where deceased lived, If institution 8, COUNTY	on: residence before admission)	
				land		
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOW	N (If outside corporate limits, write RU	RAL and give township)	
NOITUTION			Dol+		02.	
			D. STREET ADDR	ESS (If rural, give location)		
056	1 -1 1					
256 5. SEX	1 Edmondson A	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	Edmondson Avenue	Under 1 Yr. If Under 24 Hrs.	
		WIDOWED, DIVORCED (specify)		lost birthdoy) M	Nonths Days Hours Min.	
Male	Colored	MARRIED	7-14-19	74		
	SUPATION (Give kind of worl working life, even if retired)	10B. KIND OF BUSINESS OR INDUS			CITIZEN OF WHAT COUNTRY?	
				, NORTH CAROLINA	U.S.A.	
3. FATHER'S NA			14. MOTHER'S MA	AIDEN NAME		
WIL	LIE GARDNER		PROV	VANE GARDNER		
	ED EVER IN U.S. ARMED		17. INFORMANT	A	DDRESS	
. es, no of onknow	yes, give war or date	241_30_95	38 Mre A	nnie Gardner 256	1 Edmondson A	
1B. 22 200	0.1			-IIII-C GALAIIGE 200	INTERVAL BETWEEN	
1/0/0	K1/ 1		SE OF DEATH		ONSET AND DEATH	
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(This does			rterioscler	otic Cardiovascular		
heart tailur	not meon the mode of e, asthenia, etc. It meons amplication which caused	the disease, death.)	isease			
	OR CONDITIONS, IF A	(B)		•		
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	HE ABOVE CAUSE (A) S'	TATING THE				
UNDERLY	HE ABOVE CAUSE (A) S' ING CONDITION LAST.	ΤΑΠΝ G THE (C)				
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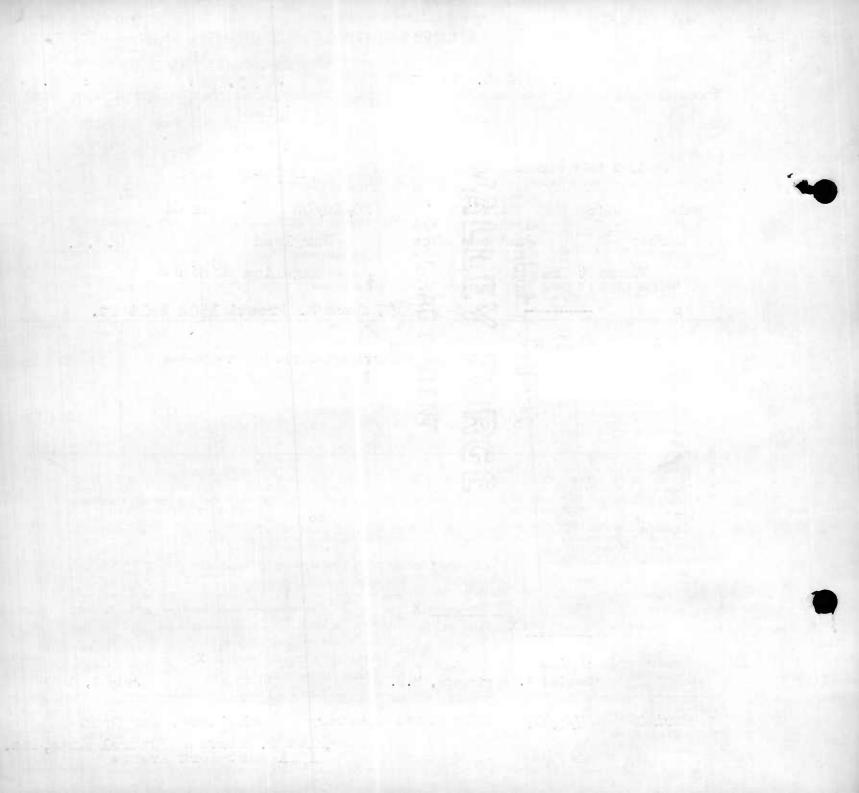
Milie & Pleyer

VS 150-REV. 1/1/65



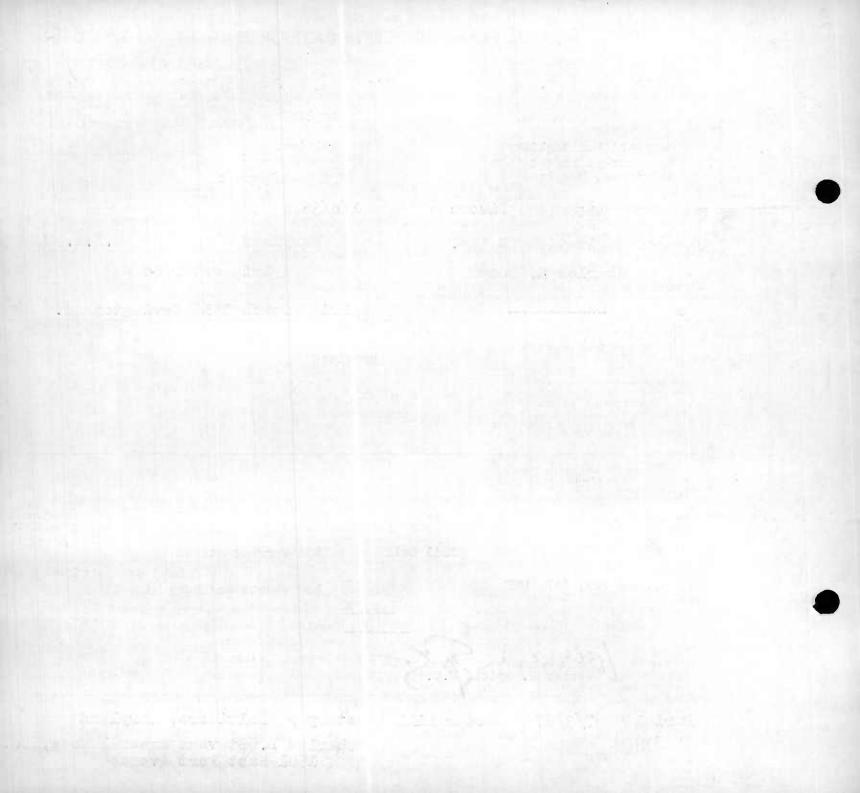
67 6408

M.E. CASE NO.					
NAME OF DECEASED Type or Print) J	OSEPH L.	PRESTI		1, 1967	6:00 A.
PLACE IN BALTIMORE, MARYLAND, V	WHERE PRONOUN	CED DEAD		deceosed lived. If insti	tution: residence before odmission
ULL NAME OF (IF NOT IN HOSPIT OSPITAL OR ADDRESS OR LOC.	TAL OR INSTITUTI ATION)	ON, GIVE STREET	C. CITY OR TOWN (If outside	e corporote limits, write	RURAL and give township)
1502 Belt St:	reet		Baltimo D. STREET ADDRESS (If rurol,		7 9 9
SEX 6. RACE	WIDO WED, DI	EVER MARRIED VORCED(specify)	B. DATE OF BIRTH 10/28/02	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months, Doys, Hours, Min.
Male White OA. USUAL OCCUPATION (Give kind of wor	Marri			353 64	10 CITIZEN OF
one during most of working life, even if retired)		vn shop	Maryland		12. CITIZEN OF WHAT COUNTRY?
AFATHER'S NAME			14. MOTHER'S MAIDEN NAM		
Vincent Pre	esti		Angelin	a Miciche	
5. WAS DECEASED EVER IN U.S. ARMEI	tes of service)	SECURITY NO.	17. INFORMANT	1: 3500 D	ADDRESS
No	}	16-32-895	7 Dora K. Pres	sti 1502 B	elt St.
1B. 4		CAUS	SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION D	DIRECTLY				ONSET AND BEATT
(This does not meen the mode of			teriosclerotic he	art disease	
heart failure, asthenia, etc. It mean	s the disease,	DUE TO			
injury or complication which coused	deoth.)				
ANTECEDENT CAUSE					
ANTICLEDING CAUSE	ES				
		(B)			
DISEASES OR CONDITIONS, IF A	ANY, GIVING	(B) DUE TO			
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BALTIMORE CITY HEALTH DEPARTMENT BIRTH 67 6409 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N.67 6409

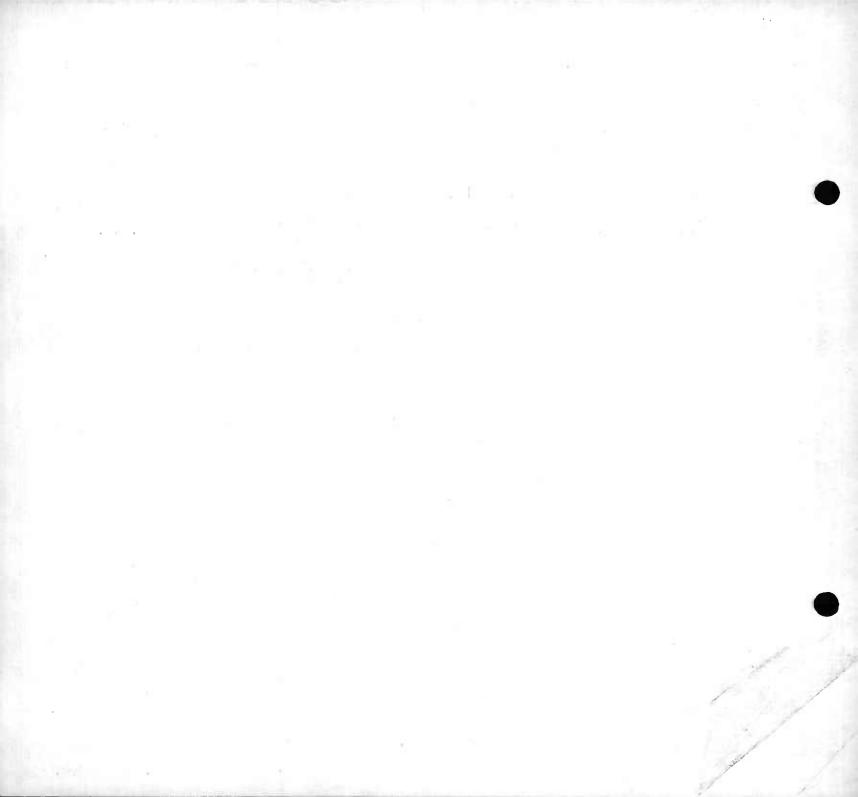
M.E. CASE NO.								
1. NAME OF DE	CEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD	
RONAL	LD E		B00'	TH	June	29, 1967		10:05 P
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESI	DENCE (Where	deceosed lived. If inst	itution: residen	ce before odmission)
				Mary		B. COL	INTY	3
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET			corporate limits, write	RURAL ond	give township
INSTITUTION						2	- Marine	04
Mary	land Penitent	tiary			timore	- de		
954	Forrest Stree	et		D. STREET AD	DRESS (If rurol,	give location)		
Balt	timore, Maryla	and		1506	Boyle St	reet		
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIR	тн	9. AGE (In years	If Under 1	Yr. If Under 24 Hrs.
Wo 1 -	77h d to a		OPCED (specify)	1/8/3	16	lost birthdoyl	Months	ys Hours Min.
Male	White					31	10 0171771	
	UPATION (Give kind of wor working life, even if refired)	KIND OF	BO 21 ME 22 OK INDO 21 K				12. CITIZEN WHAI	CQUNTRY?
	f Sanitatio	on Bal	to. City	N	larylan	d	U.	S.A.
13. FATHER'S NA				14. MOTHER'S	MAIDEN NAME			
	Charles H	H. Boot	:h		Sylv	ia Peters	on	
15 WAS DECEASE	ED EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT			ADDRESS	
	n) (If yes, give wor or dote		SECURITY NO.					
No				Sylvia	Broko	s 1518 Co	vingto	on St.
11B. >- C	527V		ZIIAO	E OF DEATH				ITERVAL BETWEEN
27	17/		0/100					NSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY						
(This does	not meen the mode of		(A)	Hanging				
heort foilure	e, osthenio, etc. It meons	s the disease,	DUE TO					
injury or co	omplication which coused	death.)						
	ANTECEDENT CAUSE	2						
	OR CONDITIONS, IF A		(B)					
RISE TO TH	HE ABOVE CAUSE (A) S	TATING THE	DOE 10					
	ING CONDITION LAST.		(C)					
6			(0)					
Ē	11						200	
OTHER SIC	DEATH BUT NOT RE							
	OR CONDITION CAUSING							***************************************
19A. DATE O	F OPERATION 198. CON		VHICH OPERATION	20 A. AUTOPS		208. IF YES, WERE FI		
02	WAS PER	RFORMED		Ye	S	IN CERTIFYING CAU	SES OF DEAT	H? Yes
ZIA. EXTERNA	AL CAUSE WAS	21B, F	LACE OF INJURY (e.g.,	in or obout 21C.	WHERE DID	If in Boltimore City, or	ve exoct loco	tion)
UNDERLYING	TOR CONTRIB-	home,	form, foctory, street,	office bldg., INJU	RY OCCUR?			-03
UNDERLYING UTING CAL	USE OF DEATH.	etc./	Jail Cell	9	54 Forre	st Street	10	000
ZID HIVE	(Month) (Doy) (Yeo	or) (Hour) 21	E. INJURY OCCURRED	21 F. I	HOW DID INJU	RY OCCUR?		
OF INJURY (APPROX.)	Tuno 20 167	TIME W	HILE AT INOT	WHILE IV				strips of
	June 29, '67	UNK m. W	ORK NOT	WHILE X b	ed sheet	s and hung	himself	
22.	rtify that I held an I	Inquiry 🗍	Inspection Au	itopsy X	nd that an thi	s basis, death in r	ny aninian	
			F	F-439	[]			
resu	Ited from: Natural ca	uses A	ccident Suicio	de A Homi	tide U	Indetermined mann	er	
	1			CHIEF	MEDICAL EX	AMINER		DATE CICNED
ACTUA		0	7 1	ASSISTANT				DATE SIGNED
SIGNAT		5), A3313 I AIT I	MEDICAL EX	AMINER	6/30	1/67
NAME (U. Spit	Z(M.D.)	ASSOCIATE	MEDICAL EX	AMINER	0/30	,, 0,
23A. BURIAL CRI	EMATION, 238. DATE	230	. NAME OF CEMETERY	or CREMATORY	23 D. LC	OCATION (City	, town, or cou	nty) (Stote)
REMOVAL (Speci	ly)				Do	7 timeme	Mazzra	bne
Buris	1 7/3/6	7	edar Hill	Cemeter;	A Ba	ltimore,	-	
24A. DATE REC	BY HEALTH DEPT.	24B NAME	OF REGISTRAR	24C. FUNE	RAL DIRECTOR	Stevens I	ADI	Press Home, Inc
3	UL 5 1967 (17 Dag 85 8	Janker M. M.					
	1	moun c	- A COURTY	1116	1501 Ea	st Fort	venue	
VS 151-REV. 1/1	/65 / 0 9 /					1		



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•	eath occurred or contributi Indetermined s in regular deceased pr
MPORTANT	r his assistant if d Nso, if the direct of any kind; (4) U sunced death wa ttendance on the ned or final dispos
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurrecthe body was released to the hospital by a medical examiner. Also, if the direct or contributine shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.
	the body shows: (was D.O decease

BIRTH NO.	67	6411	1100	TE OF DEATH	Registered No.	67	641
M.E. CASE NO.	CEASED		CERTIFICA		ND HOUR OF DEATH		
Type or Print)	HELEN C. N				2-67		7:5
3. PLACE OF DE	ATH IN BALTIMORE, M.	ARYLAND		4. USUAL RESIDENCE (Wh A. STATE B. COU		stitution: residenc	e before od
FULL NAME O	OF (If not in hospitol	l or institution, give	e street	C. CITY OR TOWN (IF .			1
INSTITUTION	oddress or locotion		HOSDITAL	C. CITY OR TOWN (If o	utside city limits, write F	LIRAL ond give	township)
	BALTIMORE,			D. STREET ADDRESS	rural, give location)		-/-
	, and the second	1.02.120)			ENTOROLY T	TERRACE	
5. S EX	6. RACE	7. MARRIED, N WIDOWED.	EVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months: Doys	If Unde
FEMALE		MARR	IED	4-28-93	74		
	UPATION (Give kind of wo working life, even if retired)		USINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN O	UNTRY?
Teache		Public S	chool	Baltimore Ma	· ·	U.S.A.	
13. FATHER'S NA				14. MOTHERS MAIDEN NA			
	V CARTER			WILLIE PIN	KETT		
(Yes, no or unknown	d Ever in U. S. Armed Fo n) (If yes, give wor or do	tes of service)	SECURITY NO.	17. INFORMANT		ADD	RESS
				George Lee Mu:	rray-2810 Au		-
18.	/ X 1		CAUSE O	FDEATH			AND DE
DISEA	SE OR CONDITION DEATH		l. S	wheel Munn	een een is	jo	day
(This does in	not mean the made a	f dying, e.g.,	DUE TO	eeted Gram-	eg populs		
	mplication which couse		Da	1.6.			
	ANTECEDENT CAUSE		DUE TO	writes we	3 //nemours		
	OR CONDITIONS, if to bove couse (A)		(C) 211 de	ubites alan	ASHD		
	G CONDITION last.		or a special constraint				
Z OTHER SIGN	IIFICANT CONDITIONS	CONTRIBUTING					
H TO THE D	EATH BUT NOT REL	ATED TO THE					
	F OPERATION 198. COI	NDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE I	FINDINGS CONS	IDERED
E S	NT WAS UNDERLYING	21 P 81	ACE OF INITIBY (a.c. in	162	No	City, give exoc	
I I I I 21 A ACCIDE	NT WAS UNDERLYING	home,	form, foctory, street, of	fice bidg., INJURY OCCUR?	tir in boltimore	City, give exoc	T TOCOHON)
U 21A. ACCIDE	v medicol exominer)			-			
OR CONTRIBLE DEATH (notify)	y medical examiner) (Month) (Day) (Year)) (Hour) 21E, IN	NJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?		
OR CONTRIBU	y medicol exominer	While	At Not While	21F. HOW DID IN	JURY OCCUR?		
V 21A. ACCIDE OR CONTRIBUTED DEATH (notify) 21D. TIME OF INJURY (APPROX.)	y medical examiner) (Month) (Day) (Year)	While Work	At Not While	21F. HOW DID IN		/ 5	10
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21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (%)	(Month) (Doy) (Year) that Mathin hospital last sow the deceos	While Work	At Not Whill Al Work deceosed from 2	21F. HOW DID IN	19 67 to 7	nion deoth occ	
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5-536 BIRTH NO. 67 6412 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 6412

_	CASE NO.									v Oxa
1. P	AME OF DE	CEASED					2. DATE AND	HOUR PRONOUNC	ED DEAD	
	WORTHY		Cox		SANDERS	Sr.	July	y 4, 1967	1	8:00 A. M.
3. P	LACE IN BAL	TIMORE, MARY	LAND, WHI	RE PRONOL	INCED DEAD	4. USUAL RES	land	deceosed lived. If ins B. COI	titution: residence UNTY	before odmission)
HO	L NAME OF SPITAL OR TITUTION	(IF NOT 1 ADDRESS	OR LOCATI	OR INSTITU	JTION, GIVE STREET	C. CITY OR T	OWN (If outside	corporate limits, writ	e RUPAL ond gi	ve township!
	JOHNS	HOPKINS	HOSPIT	AL (D	OA)	D. STREET AD	imore ORESS (If rurol, 20 E. 30t1		7	- P
5. S	EY	6. RACE	17	AAADDIED	NEVER MARRIED	B. DATE OF BI			Tir ii T 1 V	1/ 11 1 04 11
	Mala	LTh i +	V	IDO WED, I	DIVORCED (specify)			9. AGE (In years lost birthdoy) 43	Months Doy	r. If Under 24 Hrs. s Hours Min.
IOA.	USUAL OCC	UPATION (Give	kind of work 10	B. KIND OF	ied Business or industry	11. BIRTHPLAC	E (Stole or foreign	country)	12. CITIZEN C	F
	reman	working life, ever		Randay	Radio	Ma			WHAT CO	
	ATHER'S NAM	ΛE		Deligev	rauto	14. MOTHER'S	MAIDEN NAME		U.S.A	•
	W	Vorthy W	Sanda							
15. \	VAS DECEASE	D EVER IN U.	S. ARMED F	ORCES?	16. SOCIAL	17. INFORMAN	Pearl Co	x	ADDRESS	
		(If yes, give	wor or dotes		SECURITY NO.					
	yes	W	.W.2			Mrs. Ka	atherine :	Sanders	Same	
CERTIFICATION	DISEASES RISE TO TH UN DERLYII OTHER SIG TO THE	not meon the control of the control	It means the coursed decoursed decoursed decourse (A) STA DN LAST. NDITIONS COUNTRELA CAUSING I	CONTRIBUTING THE	(C)	iple Inj	'SY? (Yes or No) (20 B. IF YES, W ERE FI		
	Service of the servic		WAS PERFO				es	N CERTIFYING CAU		Yes
O	UNDERLYING	L CAUSE WA ZOR CONTRIB- ISE OF DEATH		21 B. home,	PLACE OF INJURY (e.g., form, foctory, street, c	in or obout 21 C. office bldg., INJU	IRY OCCUR?	f in Boltimore City, g	ive exoct locotio	6-04
ME	21 D TIME	(Month) (D			street		Fayette a	and Washing	ton Sts.	
	OF INJURY (APPROX.)	7/4/67	7:30			WHILE X		in auto-aut	o collis	ion
	22. cer	tify that I he	ld on Inq	uiry 🗌	InspectionAut	opsyX	and that on this	bosis, deoth in i	my opinion	
	resul	ted fram: No	otural cous	es A	ccident X Suicid			ndetermined monn		
		1/1	4 4	1			MEDICAL EX			
	ACTUA		ome	h	1.00		MEDICAL EX		D.	ATE SIGNED
	SIGNAT EXAMIN NAME (IER'S	Werner	U. Sp	ntz, M.D.	ASSOCIATE	MEDICAL EX	AMINER		7/4/67
	BURIAL CRE	MATION, 238	. DATE	230	NAME OF CEMETERY .	CREMATORY	23D. LO	CATION (City	, town, or county	(Stote)
	Burial		7/7/6	7	Dulaney Va	llev Cem	R.	lto. Md.		
24A	DATE REC'D		DEPT.		OF REGISTRAR	24C. FUN	ERAL DIRECTOR	ti de l'ille	ADDR	ESS
	1	JUL 5	1967 (del	2. Farley MA	Leo	nard J. H	Ruck Inc. B	alto. Md	

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DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

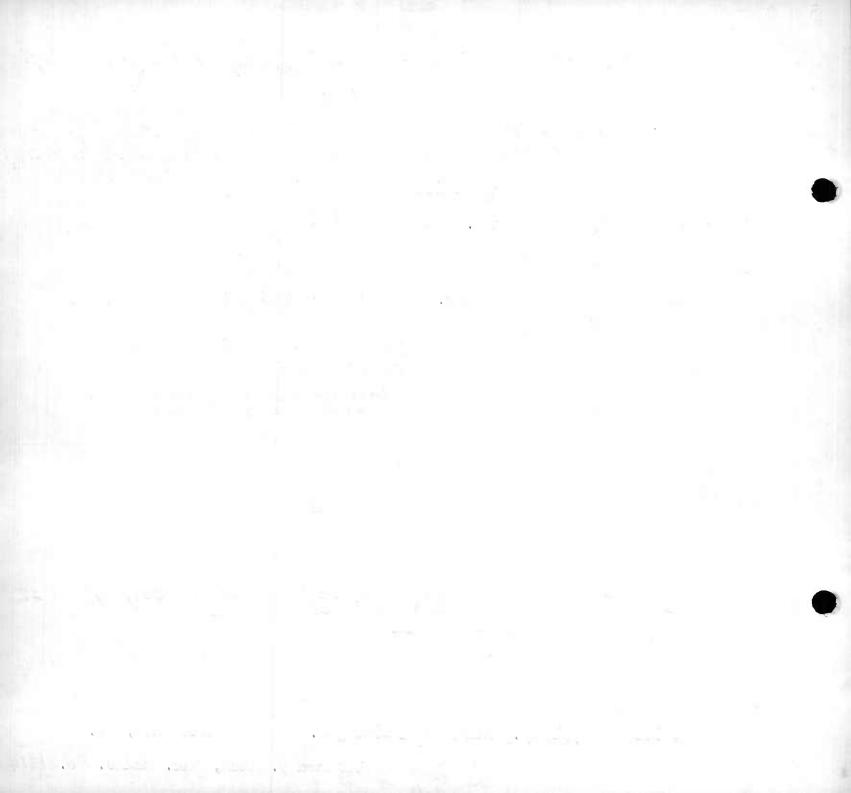
BALTIMORE CITY HEALTH DEPARTMENT

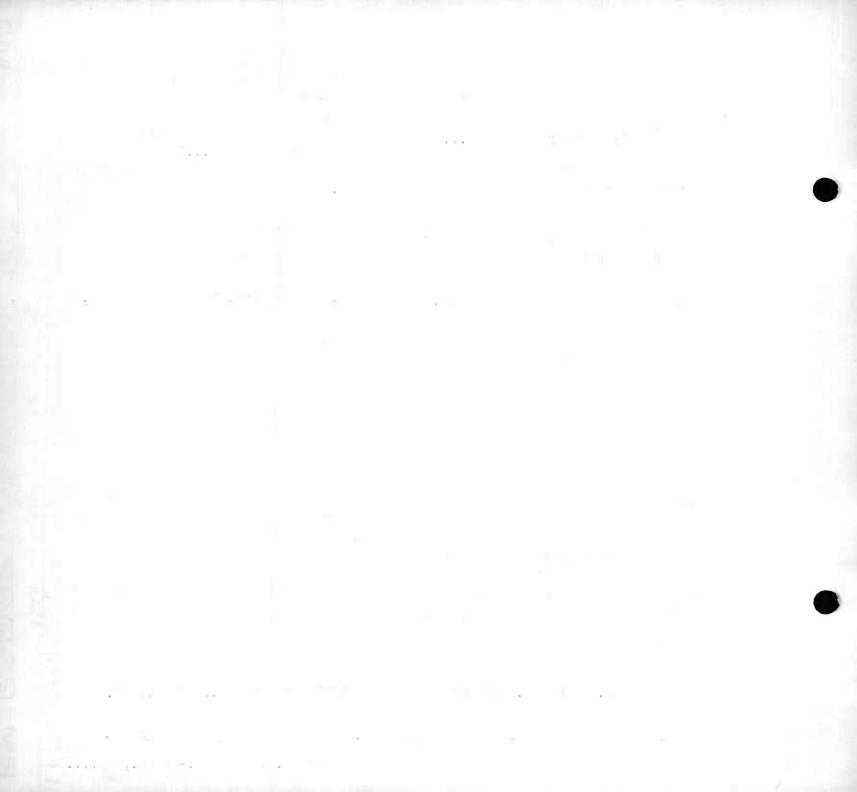
ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (ass) (aur) apinian death accurred an the date 238. DATE SIGNED (Stote)

Registered Na.

If Under 24 Hrs. Hours Min.

Hours





VS 150-REV. 1/1/65

M.E. CASE NO.	CEASED	CERTITO	ATE OF DEATH	D HOUR OF DEATH	
Type or Print)	JEROME, RICHA	LED JOHN		4, 1967	6:10 A
. PLACE OF D	EATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If ins	titution: residence before admission
FULL NAME HOSPITAL OI	OF (If not in hospital	or institution, give street	MARYLAND BAI	TIMORE	
INSTITUTION		ISTRATION HOSPITAL		side city limits, write R	URAL ond give township)
7	3900 LOCH RAVE		D. STREET ADDRESS (If re	urol, give location)	6-02
· /	BALTIMORE, MAN		4111 RAYMONN		
MALE	6. RACE CAUCASIAN	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	7-3-24	ost birthdoy) 43	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	CUPATION (Give kind of work of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
	PERATOR		MARYLAND		UNITED STATES
3. FATHER'S NA			14. MOTHER'S MAIDEN NAM	A E	OHIIID DIMIND
WALTER			MARIE DUBRIL		
Yes, no or unkno	wn) (If yes, give wor or dote	s of service) SECURITY NO.	17. INFORMANIETERANS		
YES	4/15/43-8/1		3900 LOCH RAVEN	BLAD, BALLI	INTERVAL BETWEEN
	2 2		DF DEATH		ONSET AND DEATH
DIZE	ASE OR CONDITION DIE LEADING TO DEATH	RECTLY			8 Months
	nal mean the mode of	dying, e.g., DUE TO	arditis		o Montana
	e, osthenia, etc. It meons omplication which coused	the disease,			
1 017 01 01	ANTECEDENT CAUSES	Dala	myositis (Probab	8 Months	
DISEASES		DUE TO	161	•	
	OR CONDITIONS, if the above cause (A)				
UNDERLYI	NG CONDITION lost.	-			
OTHER SIG	II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING	TED TO THE			
-		DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208, IF YES, WERE F	INDINGS CONSIDERED
U 121 A. A CCIE	ENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
, OR CONTR	BUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?		
U					
OF INJURY	(Month) (Doy) (Year)		21 F. HOW DID INJ	JRY OCCUR?	
(APPROX.)		While At Not Wh			
22. I certi	fy that DO (this haspita) attended the deceased fram	JULY 3	9 67 to JULY	4 19.67
		d alive an JULY 4			nian death accurred an the
and haur a	nd fram the causes sta	red above. 20 (We) (did) 2020206)	view the bady after death.		
23A. SIGNA	TURE				23B, DATE SIGNED
	M. A. Turn		tending Med.	Stoff Phys.	7:/4/67
23C. PHYSIC	IANS		Tana		
NAME	(Type)	PART ALTANA	vecerans		tion Hospital
044 041-111	RAIPH H.		3900 Loch Raven		
REMOVAL	REMATION, 24B. DATE . (Specify)	24C. NAME of CEMETERY of CI	REMATORY 24D. LC	OCATION (Cit	y, town, or county) (State
Buria	7/7/6	7 Baltimore Natio	mal Cem	Balte, Md.	
	D BY HEALTH DEPT.	7 Baltimore Natio	25C. FUNERAL DIRECTOR		ADDRESS
	JUL 5 1967	PO to F STONERS	Leonard J. R		16.1

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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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VS 150-REV, 1/1/65

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3-3.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

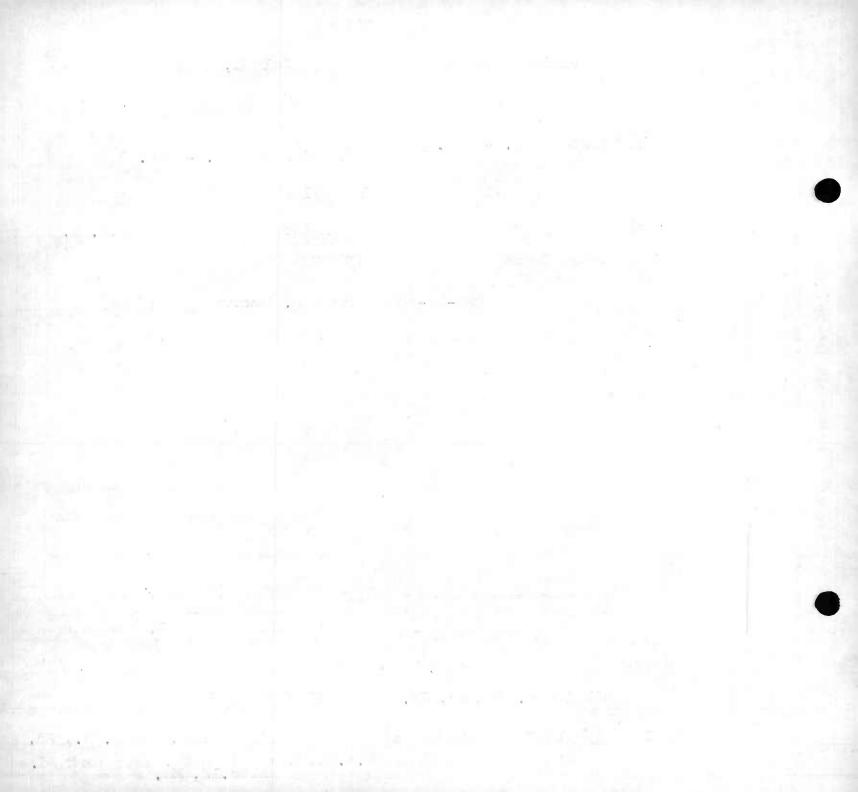
BIRTH NO.

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Registered Na.

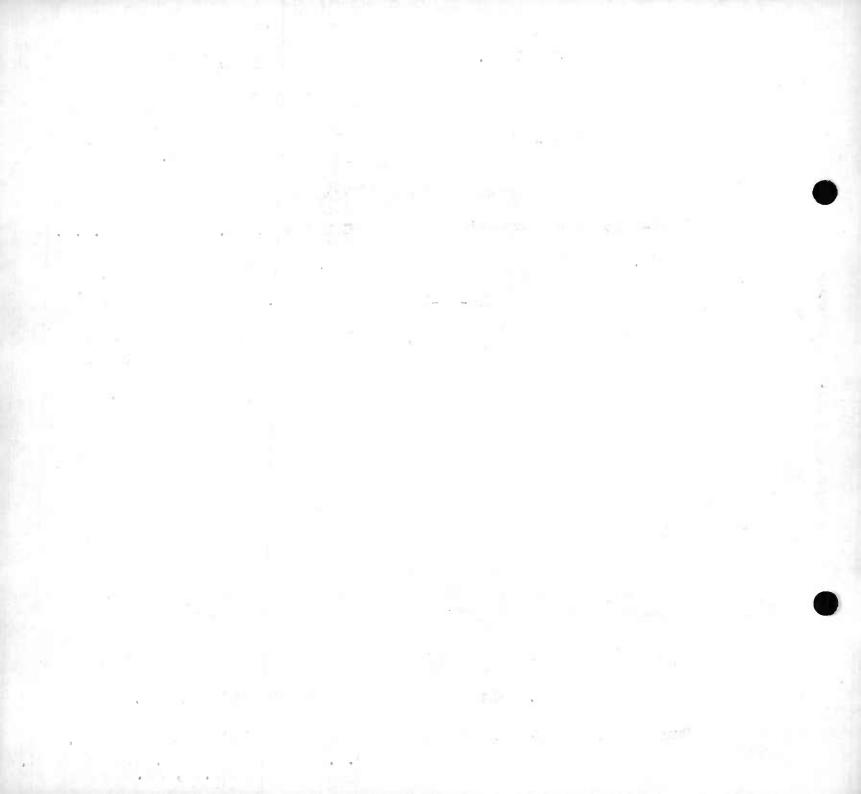
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	DE OF DEC			2. DATE A	AND HOUR OF DEATH	Н		
			lie Chase Reus	Jul.	v 1. 1967	10		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND				4. USUAL RESIDENCE (WE A. STATE B. COU	Tere deceased lived. If	institution: residence before		
	FULL NAME (OF (If not in hos	pitol or institution, give street	Maryland				
- 1	HOSPITAL OR	oddress or lo	cotion)	C. CITY OR TOWN (IF a	outside city limits, write	RORAL on give townshi		
-	120			Baltimore	6	1. 1.		
0	10 4:	16 Winsto	n Ave Apt. 3		f rurol, give location)	_		
				416 Winston				
5. 5		6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 1 Months Doys Hours		
	F	W	Widowed	12/25/1884	82			
		UPATION (Give kind of working life, even if reti	work 108, KIND OF BUSINESS OR INDUSTRY	1 1. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY		
gon	House		Own Home	Maine				
13.	FATHER'S NA		OWIL HOME	14. MOTHER'S MAIDEN N	AME	U.S. A.		
	Charl	es August	Chase	Unknown				
15		Ever in U. S. Armer		17. INFORMANT		ADDRESS		
(Yes	s, no or unknow	(If yes, give war or	dotes of service) SECURITY NO.			ADDRESS		
	No		220-14-4880	D Henry J. B	owman	(Same)		
	18.44	SXI	CAUSE C	OF DEATH -		INTERVAL BE		
	DISEA	SE OR CONDITION		extensive C		97		
	(7)	LEADING TO DE	(A)	'5-605E		114 ea		
		nat mean the made asthenia, etc. It m	e at dying, e.g., DUE TO eans the disease,			,		
				injury at complication which caused death.)				
	injury at cor	mplication which ca						
	injury at cor							
	DISEASES	ANTECEDENT CAL OR CONDITIONS,	USES (B) If ony, giving					
	DISEASES	antecedent CAL	USES (B) DUE TO if ony, giving (A) stating the (C)					
	DISEASES	ANTECEDENT CAU OR CONDITIONS, te abave cause	USES (B) DUE TO if ony, giving (A) stating the (C)					
NO	DISEASES rise to th UNDERLYIN	ANTECEDENT CAL OR CONDITIONS, the above cause G CONDITION last II	USES if ony, giving (A) stating the (C)					
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VS 150-REV. 1/1/65

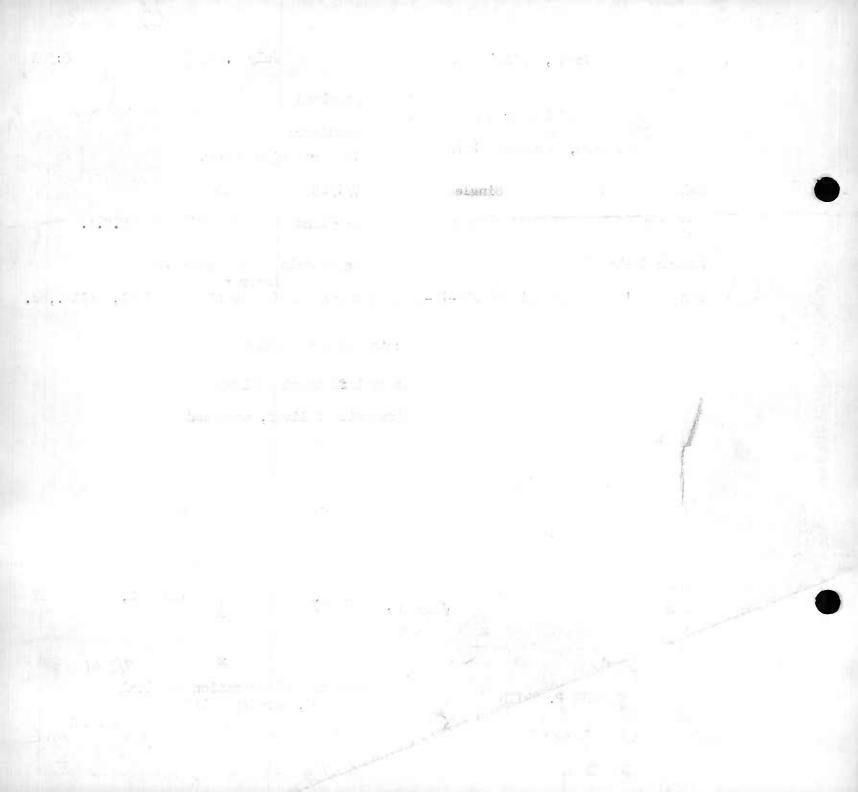
BALTIMORE CIT	TY HEALTH DEPARTMENT
M.E. CASE NO.	ATE OF DEATH Registered No.
1. NAME OF DECEASED (Type of Pint) Jessie H. Shane	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE MARYLAND	June 30, 1967
The state of Sealth in State of the state of	A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	Maryland
INSTITUTION	C. CITY OR TOWN (If outside city limits, with RURAL and give township
House in Pines- Belvedere	D. STREET ADDRESS (If rurol, give locotion)
monse In Illies- Delivedele	3702 Greenmount Ave.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Und
WIDOWED, DIVORCED (specify)	8/27/1888 lost birthdoy) Months Doy's Hours
Never Married 10A, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	WHAT COUNTRY?
Retired-Saleswoman Wyman's Shoe St	toreBaltimore Md. U.S.A
North M. Shane	Margaret Gregner
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No 216-46-11127	Edward M. Shane (Same)
18. 4 4 3 1 CAUSE	OF DEATH INTERVAL BET ONSET AND I
DISEASE OR CONDITION DIRECTLY	40. 1. 10 1. 1: AK 1
LEADING TO DEATH	questouse certification & Longton
(This does not mean the mode of dying, e.g., DUE 10, heart failure, asthenia, etc. It means the disease,	quertiuse certificate el 2 60 offe
injury or complication which coused death.)	,
ANTECEDENT CAUSES OUE TO	04400000000000000000000000000000000000
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the (C)	
UNDERLYING CONDITION Iosi,	
_ II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
E 21B. PLACE OF INJURY (e.g.	"in or obout 21 C. WHERE DID (If in Boltimore City, give exact location
OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY	
(APPROX.) Work At Wo	
22. I certify that (I) (this hospital) attended the deceased fram	(0 cd 18 1965 to Jane 30)
that (1) (we) last sow the deceased alive on the	28 19 6 7 ond that in(my) (our) apinian death occurred a
and hour and from the couses stated above. (1) (We) (did) (did not)) view the body ofter deoth.
23A. SIGNATURE	23B, DATE SIGNED
	Attending Med. Stoff Phys. Director Phys.
23C. PHYSICIAN'S	23D. ADDRESS
Lester N. Kolman M.	3700 Park Heights Ave.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	
REMOVAL (Specify)	
Burial 7/5/1967 Loudon Park 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Baltimore, Md.
4444 44 44 44 44 44 44 44 44	H.W. Jenkins & Sons Co. 4905 Yorl
JUL 5 1967 Profe E. Sarberma	Palto 12 Md



eceased MOS

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If autside city limits, write RURAL and give township) If Under 1 Yr. Months: Days If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Veterans Administration Hospital, Balto., Md. ONSET AND DEATH 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) 19 67 to July 2, 19 67and that in(ng) (aur) apinian death accurred an the date 23B, DATE SIGNED 7/3/67 Veterans Administration Hospital

BALTIMORE CITY HEALTH DEPARTMENT

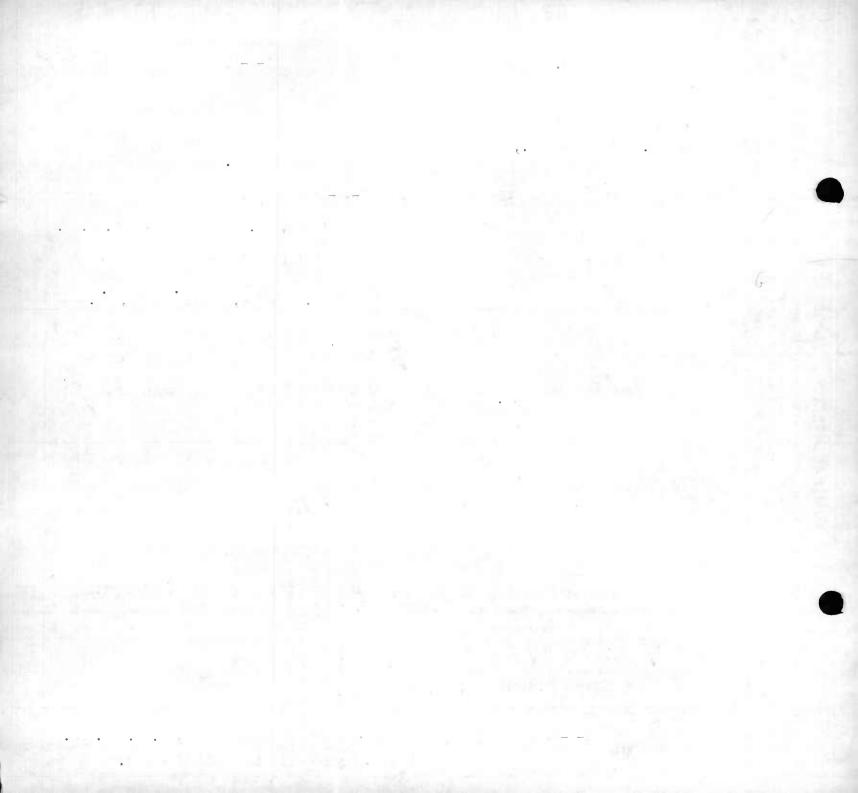


IMPORTANT

FUNERAL DIRECTOR:

6/ 6423	CITY HEALTH DEPARTMENT 67 6423
MRTH NO. M.E. CASE NO. CERTIFIC	CATE OF DEATH Registered No.
NAME OF DECEASED Type or Printl	2. DATE AND HOUR OF DEATH
MINNIE S. CLARK	7-2-67
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before and
FULL NAME OF (If not in hospital or institution, give street oddress or location)	Maryland
House in the Pines Nursing Home	C. CITY OR TOWN (If outside city limits, write RURAL and give toweship)
A	Baltimore
2525 W. Belvedere Ave.,	D. STREET ADDRESS (If rurol, give locotion)
	1603 Jackson St.
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 1 Open Hours; Doys Hours;
Fame a White	
6A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
one during most of working life, even if retired)	WHAT COUNTRY?
Retired	Baltimore, Md. U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ludwig Mueller	Wilhelmina Miller
. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
es.no or unknown) (If yes, give wor or doles of service) SECURITY NO.	2544 S. 68th St.
	Louis M. Mueller, Philadelphia, Pa. 19142
1B. 420, / CAUSE	E OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY	ONSET AND DEA
LEADING TO DEATH	Carlo Milling Wester
(This does not mean the mode of dying, e.g., DUE IS.	HARRETORICO CO CO
heart failure, asthenio, etc. It means the disease, injury or camplication which caused death.)	3
mory of compression which coosed deom,/	alremen & will
ANTECEDENT CAUSES (B) DUE TO	Mento Million d'inlock Tremier d'il cur 54
rise to the above couse (A) stating the (C) UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
N A ACCIONITY WAS UNDOON WHAT	6
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) t, office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While
(APPROX.)	
22. I certify that (I) (this haspital) attended the deceased from	Truel 2/ 1965 to balle 2 19
that (I) (we) lost saw the deceased alive on	C1 [19.1. Zand that in(my) (aur) apinian death accurred on the
and haur and fram the causes stated above. (1) (We) (did) (did not	·
23A. SIGNATURE	23B. DATE SIGNED
	Attending Phys. Stoff Phys. Stoff Phys.
23C. PHYSICIAN'S	23 D. ADDRESS
NAME (Type) LESTER N. KOLMAN. M.D.	3700 PARK HEIGHTS AVENUE
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, town, or county) (S
	Bitchie Here M. A. Co. Md.
Burial 7-5-67 Holy Cross Cem-	Ritchie Hwy, A. A. Co. Md.
SA. DATE REC'D BY HEALTH DEPT 258. NAME OF REGISTRAR	Flynn & Fleming 1422 Light St.
	LE FLYIM U FICHLING 1424 LIGHT DU

VS 150-REV. 1/1/65

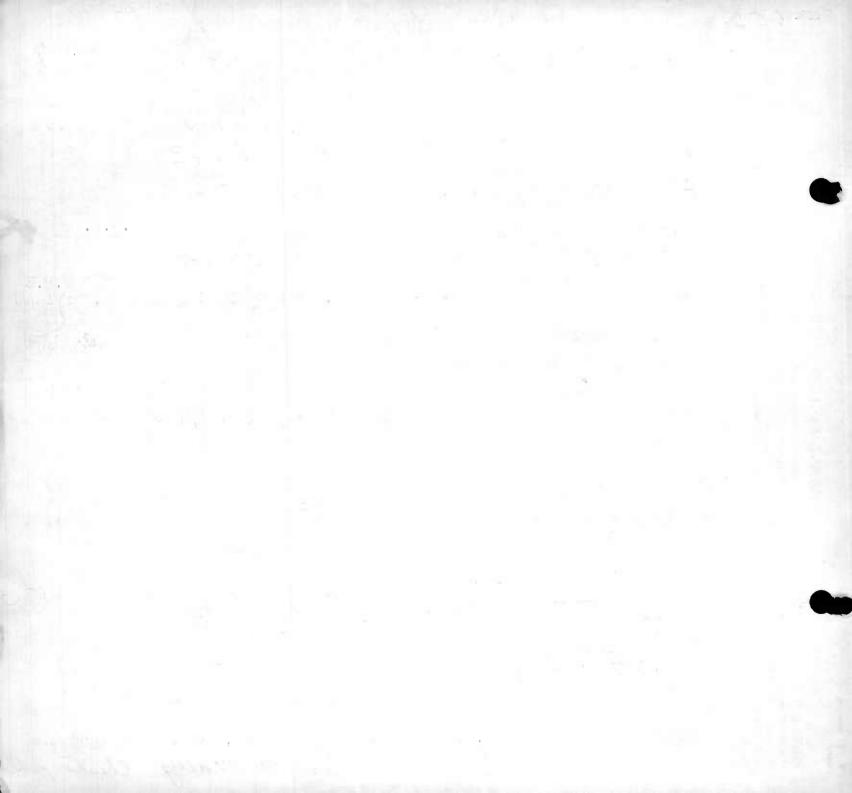


M.E. CASE NO.	ICATE OF DEATH Registered No	
1. NAME OF DECEASED IType or Print) LONGEST, BRIAN C.	2. DATE AND HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If	
	A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
	BALTIMORE 2/207	53-00
3 THE JOHNS HOPKINS HOSPITAL		
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 H
MALE WHITE NEVER MARRIED		If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IND		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Md.	UIS.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
CHARLES LONGEST	BARBARA HILDEBRANDT	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17- INFORMANT	ADDRESS
SECURITY NO.	HOSP. REPORTE	
18. / S O X I CAU	MEM, a - Anuria- Men, a - Anuria- Mely metastatic wilms:	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1	2 /
LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE)	Menia - Anuria-	3 whs
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)		know 348
ANTECEDENT CAUSES (B)	idely metastatic wilms;	rno sus
	° /	
DISEASES OR CONDITIONS, if ony, giving ise to the obove cause (A) stoling the (C)	0	
DISEASES OR CONDITIONS, if ony, giving ise to the obove cause (A) stoling the (C)	,	
DISEASES OR CONDITIONS, if ony, giving tise to the obove cause (A) stoling the UNDERLYING CONDITION lost.	,	
DISEASES OR CONDITIONS, if ony, giving tise to the obove cause (A) stoling the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
DISEASES OR CONDITIONS, if ony, giving ise to the obove cause (A) stoling the (C)	·	
DISEASES OR CONDITIONS, if ony, giving itse to the obove cause (A) stoling the (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERI	
DISEASES OR CONDITIONS, if ony, giving ise to the obove cause (A) stoling the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner).	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES OR CONDITIONS, if ony, giving itse to the obove cause (A) stoling the (C)	(e.g., in or about 121C. WHERE DID (If in Boltime eet, office bldg., INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?
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BALTIMORE CITY HEALTH DEPARTMENT



25A, DATE REC'D BY

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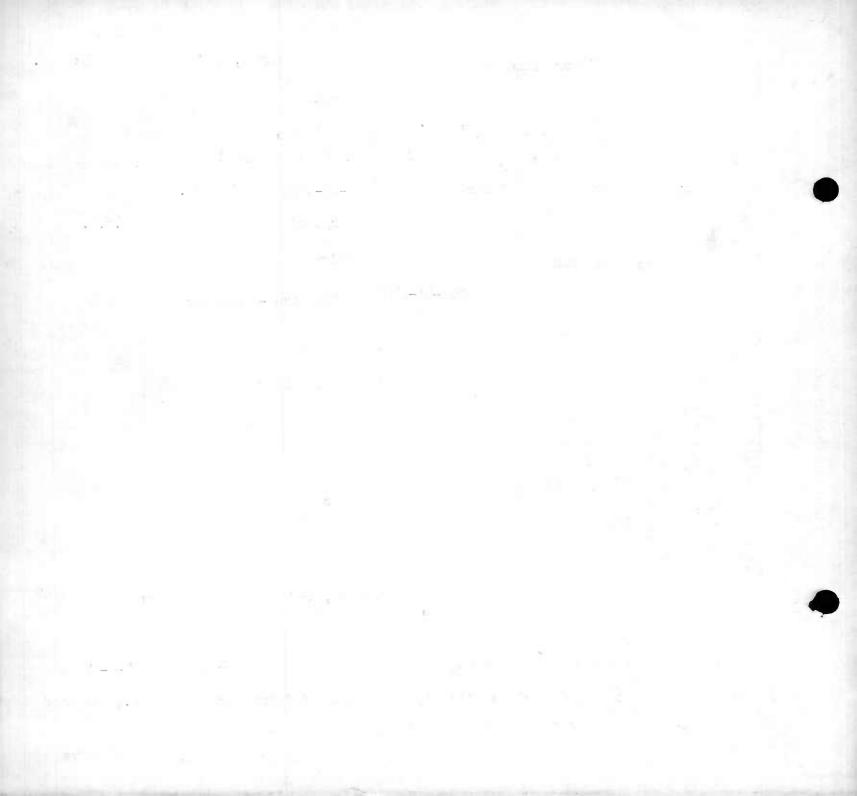
HEALTH DEPT.

	OP	0.400	BALTIMORE CITY	HEALTH DEPARTMENT		CD	6426
BIRTH NO. M.E. CASE NO.	67	6426	CERTIFICA	TE OF DEATH	Registered Na	07	04.00
NAME OF DECEA Type or Print)	Victor B	ıchanan			1, 1967		3:45 P.
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospitol of oddress or locotion Provident 1514 Divi Baltimore	Hospital	, Inc.	Baltimore.	tside city limits, write R	/	township)
5. SEX 6. Male	Negro	7. MARRIED, NE WIDOWED, D WIDOWE	VER MARRIED IYORCED (specify)	8. DATE OF BIRTH 8-10-1892	9. AGE (In years lost birthdoy) 74 YTS.	If Under 1 Yo Months Doys	r. If Under 24 h s Hours Min
	ATION (Give kind of work rking life, even if retired)	10B. KIND OF BU	SINESS OR INDUSTRY	11, BIRTHPLACE (Stote or forei		12. CITIZEN C WHAT C U.S.	OUNTRY?
13. FATHERS NAME				14. MOTHER'S MAIDEN NA	ME	1	
George	Buchanan			Alice			
15. Was Deceased Ex	ver in U. S. Armed Fore I yes, give wor or dote	es? of service	SOCIAL SECURITY NO 1348	17. INFORMANT Anita Ford -	daughten	SAM	ORESS
heort foilure, os injury or compliant AN DISEASES OR rise to the	meon the mode of of thenio, etc. It meons icotion which coused ITECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost.	the disease, death.)	(B) Car	cinomatosis			
TO THE DEA DISEASE OR CO 19A. DATE OF O 21A. ACCIDENT OR CONTRIBUTI DEATH (notify m	WAS UNDERLYING DATE OF	DITION FOR WHITON FOR	ACE OF INJURY (e.g., i orm, factory, street, o	20A. AUTOPSY? (Yes or No No No No No nor obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	ISES OF DEAT	[H?
that (I) (we) Id	P. net	d alive an	uly l	19 67 and the riew the bady after death. ending Med. Director 23D. ADDRESS	ta July at in(my) (aur) apir Stoff Phys.	23B, DATE SIG	GNED -67
24A. BURIAL CREMA REMOVAL (Spe	ATION, 248. DATE	24C. NAME	of CEMETERY OF CR	1514 Division EMATORY 24D. L. metry A	OCATION (Cit	alto., My, town, or cou	

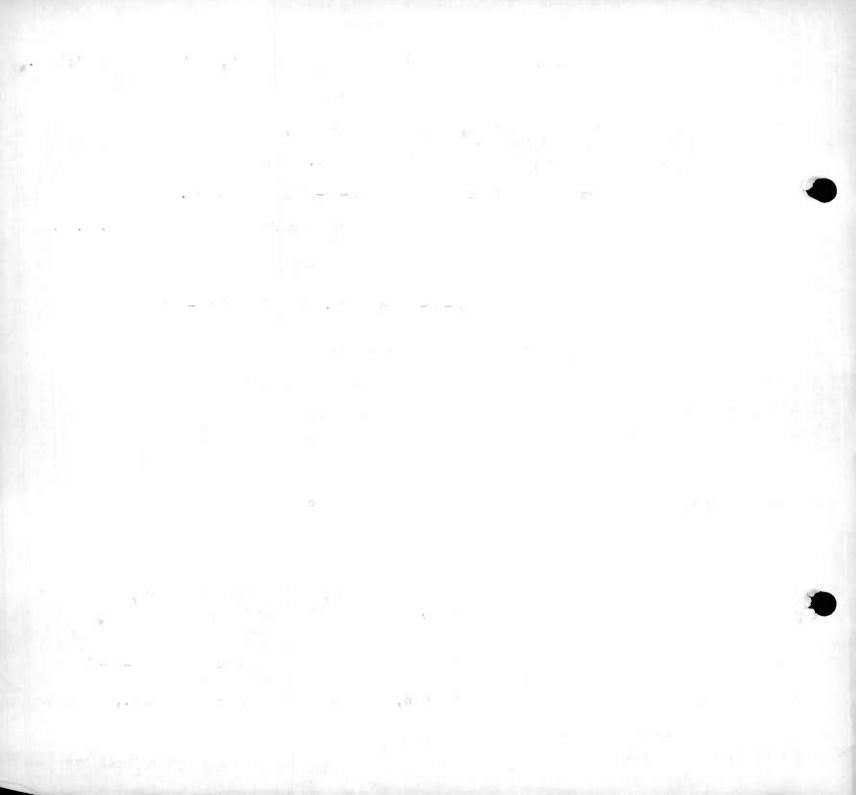
Adolphus Halstead

1206 W North Ave

Poles & REGISTRAR



BIRTH NO.	67	642	CERTIFICA	TE OF DE		Registered No.	67	6427
M.E. CASE NO			(\)		2. DATE AN	D HOUR OF DEATH		
(Type or Print)	Wallac	e Hall	(E)		June	27, 1967		4:40 P.
3. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESID	B. COUN	e deceased lived. If i	nstitution: reside	nce before odmission
FULL NAME	OF (If not in hospital		give street	Maryland				
HOSPITAL OR INSTITUTION Oddress or locotion) Provident Hospital, Inc.				C. CITY OR TOW	/N (II out	side city limits, write	RURAL ond giv	e township)
				Baltimor			5	0)
34	1415 Divi	sion St	reet					
		, Maryl	and 21217	17 1004 W. North Avenue				
5. SEX	6. RACE		D, DIVORCED (specify)	B. DATE OF BIRTH		9, AGE (In years lost birthdoy)	If Under 1 1 Months; Doy	r. If Under 24 H s Hours Min.
Male	Negro		gle	12-12-18		81 yrs.		
	CUPATION (Give kind of wor of working life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN WHAT	OF OUNTRY?
Labore	of working life, even if retired) P			North Ca	rolina		U.	S. A.
3. FATHER'S N	AME			14. MOTHER'S M	AIDEN NA	ME		
Unkn	Over			II-lan are				
	OWII led Ever in U. S. Armed Fo	ces?	1 6. SOCIAL	Unknow	II		AD	DRESS
Yes, no orunkno	wn) (If yes, give wor or dot		SECURITY NO.				~~	
no			218-18-2968-	A Mrs. Er	nestin	e Rich - Fr	iend	SAME
1B.	I/X I		CAUSE	F DEATH			INTE	RVAL BETWEEN
UNDERLYI	Ihe obove cause (A) NG CONDITION last. II SHIFICANT CONDITIONS (DEATH BUT NOT REL DE CONDITION CAUSING	CONTRIBUTIN	G	ertension				
		DITION FOR	WHICH OPERATION	20 A. AUTOPSY	? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CO USES OF DEA	NSIDERED TH?
OR CONTR	DENT WAS UNDERLYING [IBUTING CAUSE OF tify medicol exominer)	21E hom	B. PLACE OF INJURY (e.g., ine, lorm, foctory, street, o	in or about 21 C. WH office bldg., INJURY	IERE DID OCCUR?	(If in Boltimo	re City, give ex	oct locotion)
0 21 D. TIME	(Month) (Doy) (Year)	(Hour) 218	INJURY OCCURRED	21F. HO	W DID INJ	URY OCCUR?		
OF INJURY			nile At Not Whi					
		We				7 194	or the	/ the
	fy that (I) (this hospito							
that (I) (w	e) last saw the deceas	ed alive an	June 21,	19 07	and th	ot in(my) (our) op	inion deoth o	ccurred on the
ond haur	and from the couses sta	ted obove. (I) (We) (did) (did not)	view the body of	ter deoth.			
23A. SIGN A	TURE					23B. DATE SI	GNED	
	\sim	Zanc	ATTO M.D. Att	ending M.	ed. rector	Stoff Phys. X	6-28-	-67
23C.PHYSIC	CIAN'S			23D. ADDRESS				
NAME	(Type)		Lizarazo M.D.	1514 Di	Vision	Street F	Relto N	Varuland
24A. BURIAL C	REMATION, 248, DATE	24C N	AME of CEMETERY of CR				Balto., 1	
	L (Specily)	240.14	THE OF CONTRIBUTION OF CR					contr.
Buri			Mt Calvary (Cemetry	A			
25A. DATE REC	JULHOLTH 887	256 NAME	OF REGISTRAL	25C. FUNERAL				ADDRESS n Ave
				Adolp	hus Ha	1stead 1206	O C C I	AVO
VS 150-REV. 1/	/1/65	1		1 -3	}			



I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) RA YMOND WAGNER WRIGHT JULY 2, 1967 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY eath. 3. PLACE OF DEATH IN BALTIMORE MARYLAND ance (If outside city limits, write RURAL and give township) (If rurol, give location) MOUNTVIDEO ROAD If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS ST. AGNES RECORDS WILKENS & CATON AVES INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 105 ond that in (XX) (our) opinion death occurred on the date 238. DATE SIGNED written approval eceased (City, tawn, or county) 25A. DATE REC'D BY HEALTH DEPT VS 150-REV. 1/1/65

of death Deceased Such the

BIRTH NO.

M.E. CASE NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

CENERAL DETECTION OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF

-362	67 6425 BIRTH NO. MEDICAL	67 6429			
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) DANIEL WENRY	PATTERSON , JR	2. DATE AND HOUR PRONOUNCES July 3, 1967	6:00 P. _{M.}	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PROFIDE TO THE PROPERTY OF THE PROPERTY	STITUTION, GIVE STREET A. STATE Maryla C. CITY OR TO Baltin D. STREET AD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissing the state of the state o		
	Male Negro widow	tare n.	9. AGE (In years lost birthday) 50 E (State or foreign country)	If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY?	

5. WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SO CIAL ADDRESS (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO. W: 11 10-10-108 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fatty Alteration of Liver (This does not mean the mode of dying e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21A. EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., INJURY OCCUR? MEDIC/ UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) OF INJURY NOT WHILE (APPROX.) WHILE AT m. WORK 22. Autopsy X I certify that I held an inquiry Inspection ond that on this bosis, deoth in my opinion resulted from: Natural causes X Suicide Homicide Accident Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE

EXAMINER'S Werner U. Spitz M.D. NAME (Type)

ASSOCIATE MEDICAL EXAMINER

7/4/67

(Stote)

23A. BURIAL CREMATION, 23B, DATE REMOVAL (Specify)

24A. DATE REC'D BY HEALTH DEPT.

23C. NAME of CEMETERY OF CREMATORY

24B, NAME OF REGISTRAR

23D. LOCATION (City, lown, or county)

ADDRESS

24C. FUNERAL DIRECTOR

Separate 9/5/16 Laborer Steven 77.6. mine The 167 Miller ret.

VS 151-REV. 1/1/65

Just 7 184 Garans CEM

BIRTH NO.

RESIDENCE (Where deceased lived. If institution: residence before admission) (If outside city limits, write RURAL and give township) If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH (B) Arteriosclerotic Cardiovascular Discuss 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (aur) apinian death accurred an the date 23 B. DATE SIGNED 196 written approval shows: (1) An D.O.A. deceased 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specily) Burial 25C. FUNERAL DIRECTOR Was 25A. DATE REC'D JULHEAL J. F. Eline & Sons VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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		64	32 CERTIFICA	TE OF DEA	TH Registered No.	67 6432		
	AME OF DECEASED				ATE AND HOUR OF DEATH			
(Typ	ihom AS J.A.	5.	WAlsh Sh.		11/2/47	9:30 AM		
3. 1	PLACE OF DEATH IN BALTIMORE, A			4. USUAL RESIDENC A. STATE B.	E (Where deceased lived. If i	nstitution: residence before admission)		
	FULL NAME OF (If not in hospit HOSPITAL OR oddress or loco NSTITUTION		on, give street	1	(Il outside city limits, write	RURAL ond give township)		
	Bon Secon	ır Hosp	oital	D. STREET ADDRESS	(If rurol, give location)	52-00		
	97				ANda Au-			
5. 5	m 6. RACE m white	WIDO	WED, DIVORCED (specify)	1/2/04	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.		
	. USUAL OCCUPATION (Give kind of w	ork 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Ĵ	e during most of working life, even if retired 24712 d	Balto	o. City Fire Dep		ore, Maryland	U.S.A.		
13.	FATHER'S NAME			14. MOTHERS MAID	EN NAME			
	ThosP. WAlsh			Catheria	e A. Cummi	ngs		
15. (Yes	Was Deceased Ever in U. S. Armed s, no or unknown) (If yes, give wor or d	orces? otes of service	16. SOCIAL SECURITY NO. 217-22-9514	17. INFORMANT	***	Wanda Rd. Linthicum		
-	1B. 44 0 0 /1		CAUSE O			INTERVAL BETWEEN		
	1 2 0,11	MECTLY	CAUSE	PEAIR		ONSET AND DEATH		
	DISEASE OR CONDITION I		A AL	rolling and	mount will+	Punealla		
	(This does not meen the mode			arien fineu	manue rugue	[avare		
	heart failure, asthenia, etc. It meo injury ar camplication which caus		ase,	ower kobe i	c. septicemia			
	ANTECEDENT CAUS		(B) REC	evil and been	alled illarche	us 3 weeks		
	DISEASES OR CONDITIONS, in		DUE TO	left rout	viale of sontus			
	rise to the obave cause (A UNDERLYING CONDITION lost.			The reaction	ince 4 regran			
	11							
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING	LATED TO						
ERTIFIC/	19A. DATE OF OPERATION 198. CO		OR WHICH OPERATION	20A. AUTOPSY? (Ye		FINDINGS CONSIDERED AUSES OF DEATH?		
E	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		21B, PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE	DID (If in Boltime	le City, give exact location)		
CAL	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)		home, lorm, foctory, street, oletc.)	fice bldg., INJURY OC	CUR?			
MEDI	21D. TIME (Month) (Doy) (Yes	or) (Hour)	21E. INJURY OCCURRED		DID INJURY OCCUR?			
>	(APPROX.)		While At Not While Work At Work					
	22. I certify that W (this hospital) attended the deceosed fram June 17 1967 to July 3 1967.							
	that (M) (we) last saw the deceased alive an judy 2 196? and that in (aur) opinion death accurred an the date							
	and haur and from the causes s 23A. SIGNATURE	toted obave	e. (I) (We) (did) (did nor)	lew the bady after	death.	23B, DATE SIGNED		
	abravo	y	M.D. Atte	ending Med. S. Directo	r Stoll Phys.	7/3/67.		
	23C.PHYSICIAN'S NAME (Type)			23D. ADDRESS		1		
			M.D.	BON	Secours A	tosp.		
244	BURIAL CREMATION, 248. DATE	240	C. NAME OF CEMETERY OF CRI			City, town, or county) (State)		
	Burial 7-7-1	967 N	New Cathedral Ce	metery	Baltimore, Ma	ryland		
254	JUL 6 1967		b E talky M.	25C. FUNERAL DI	1	ADDRESS		
L	JUL 0 1307	Your	0 0, 40000	Howard II.	Labbara, 4207			

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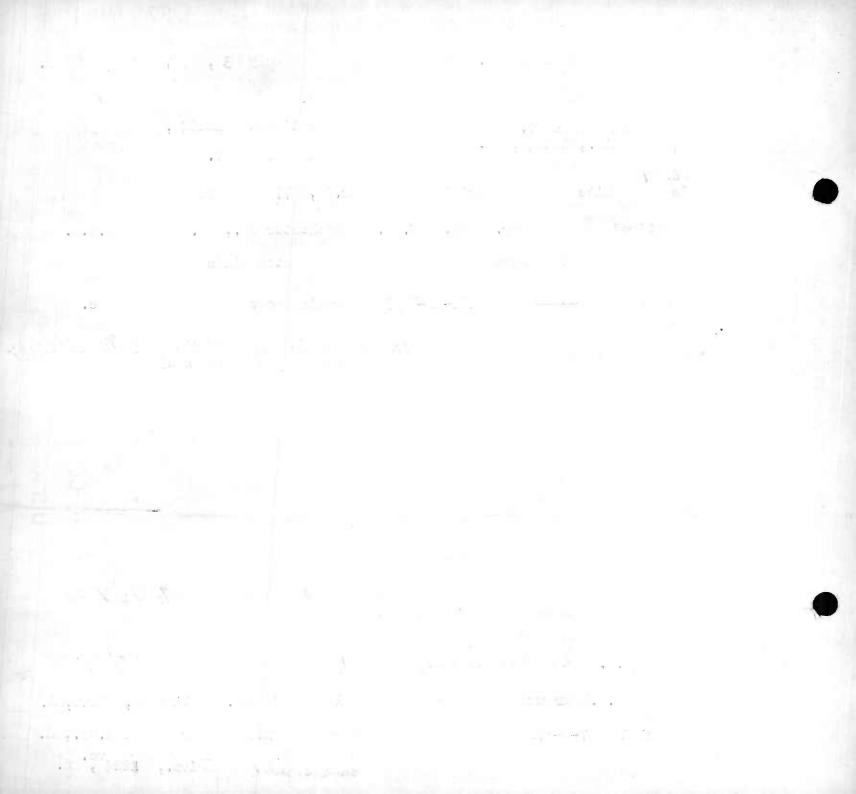
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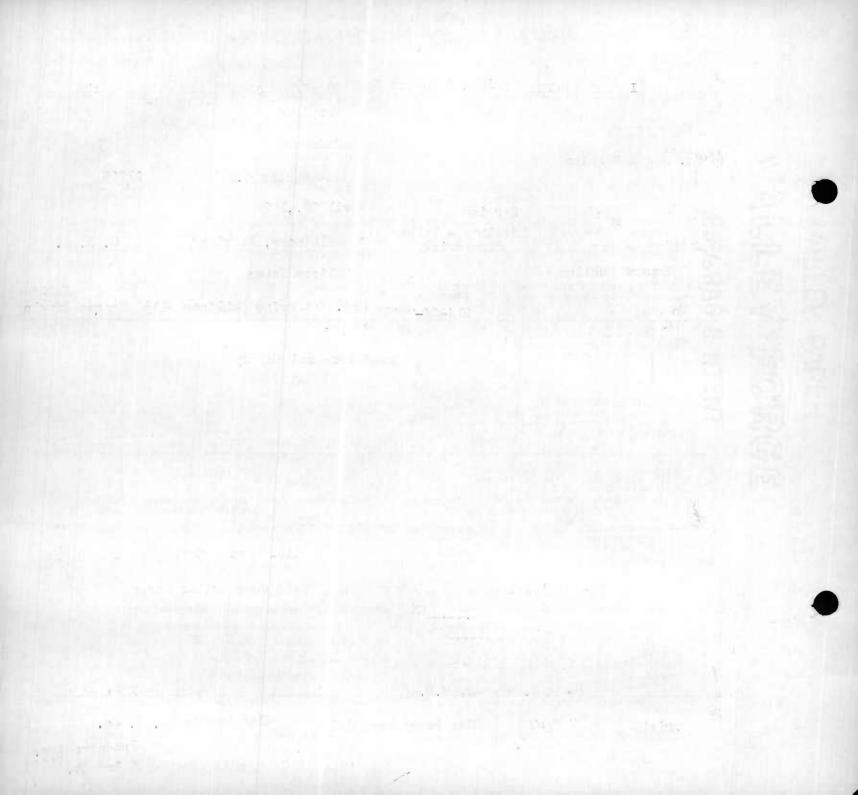
BIRTH NO.	7 6434	TE OF DEATH Register	ered No. 67 6434
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Adkins.	Fannie E.	2. DATE AND HOUR O 7-1-67	
3. PLACE OF DEATH IN BALTIMORE, A			lived. If institution: residence before admission
HOSPITAL OR oddress or loco		Maryland	its, write RURAL and give towards
	ent Hospital, Inc.	Baltimore D. STREET ADDRESS (If rurol, give to	11-00
39	more, Maryland 21217	1331 Argyle Avenue	9
Female Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	B. DATE OF BIRTH 12-12-86 9. AGE (In lost bighday) 81	yeors If Under 1 Yr, If Under 24 Hr Months Doys Hours Min,
OA, USUAL OCCUPATION (Give kind of woone during most of working life, even if retired	ork 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed	None	Maryland	U.S.A.
3. FATHERS NAME William Green		14. MOTHERS MAIDEN NAME Rebecca Johnson	
5. Was Deceased Ever in U. S. Armed es, no or unknown)(If yes, give wor or d	orces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	•	Florence Adkins (S	tep-Daughter) Same
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode heart failure, asthenio, etc. It mea injury or complication which cous. ANTECEDENT CAUS DISEASES OR CONDITIONS, it is to the above cause (AUNDERLYING CONDITION last.	OIRECTLY H of dying, e.g., ns the disease, ed deoth.) ES ony, giving	tectasis of left lung st op after hip nailin	INTERVAL BETWEEN ONSET AND DEATH
6-15-67 WAS P 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	LATED TO THE CATC NOMA ON DITION FOR WHICH OPERATON ERFORMED Tracture (Right) 218. PLACE OF INJUY(e.g., home, form, foctory, street, o	of the uterus 20A. AUTOPSY? (Yes or No) 20B. IF Y. IN CERTIL n. or obout 21 C. WHERE DID (If if fice bidg., INJURY OCCUR?	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH? In Boltimore City, give exect locotion)
DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Yes OF INJURY (APPROX.) 6-4-67	etc.) Home (Hour) 21E INJURY OCCURRED While A1 Not White A1 Work	1331 lingy 21F. HOW DID INJURY OCCU Thell to the	le live 1-02
22. I certify that (1) (this haspi that (1) (we) lost sow the deced and hour and from the causes s 23A. SIGNATURE	tol) ottended the deceased from	6-5-67 19 and that in(my)	(our) opinion death occurred on the do
23C. PHYSICIAN'S	M.D. Att	ending Med. Stoff Phys. 23D. ADDRESS	7-1-67
NAME (Type) Setasuba:	n M.D.	1514 Division Stre	eet
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) 7-5-	67 Mt. Auburn C		ore, Md (State)
25A. DATE REC'D BY HEALTH DEPT	7 PRISE & Farley M.D.	25C. FUNERAL DIRECTOR	578 ADDRESW Biddle St

Mark of Lander



	BALLIMORE CITY HEALTH DEPARTMENT	CM	CADI
3	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Regist	ered No	040

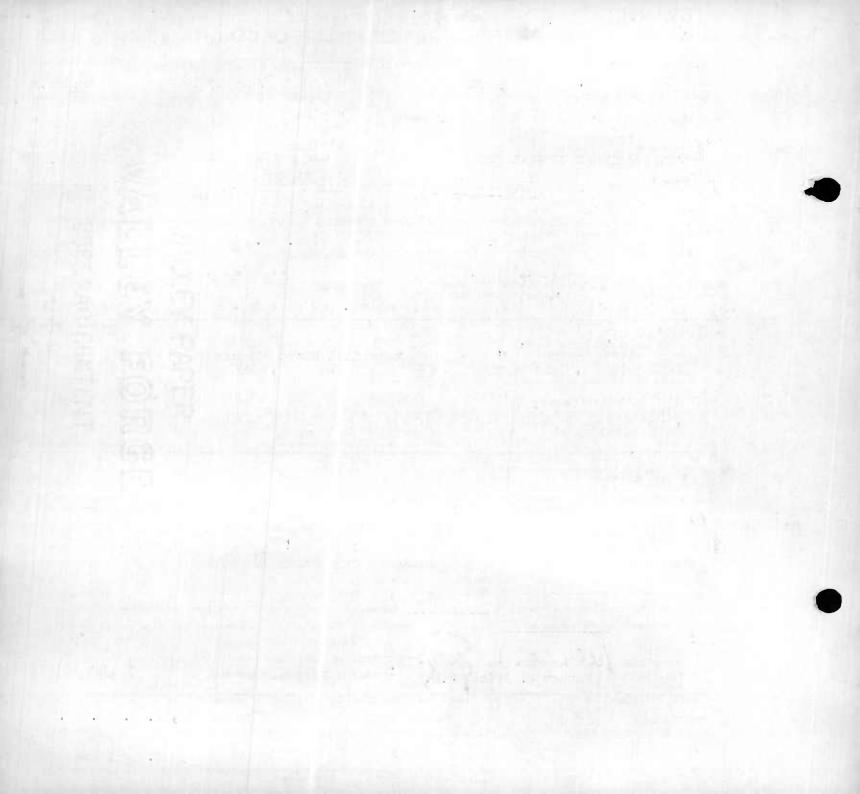
) M.	E CASE NO.				ERTIFICATE O			
	NAME OF DEC	CEASED			2. DATI	E AND HOUR PRONOUN	NCED DEAD	
	1	RICHARD SC		chard Edward	Schline ST) J. 4. USUAL RESIDENCE (W. A. STATE Maryland	uly 4, 1967 Where deceased lived. If in B. Co	n stitution: residence before	p M. pre admission)
FU HC IN:	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HO ADDRESS OR I	DSPITAL OR INSTITU LOCATION)	JTION, GIVE STREET		outside corporate limits, w		
-10	St. Agne	es Hospita	1		D. STREET ADDRESS (IF	rural, give location)		
5	SEX	6. RACE	7 AAADDIED	NEVER MARRIED	1160 Monre	oe Circle	21225 ors If Under 1 Yr, If	Hadas 24 Has
M	210	White	WIDOWED,	DIVORCED(specify) 1 ed	April 28, ,19	928 last birthday)	Manths, Doys H	ours Min.
	Machine FATHER'S NAM		ired) Harbi	son - Walker re Brick	Baltimore	e, maryland	12. CITIZEN OF WHAT COUNTY	
13,		ard Schline	8		Melissa Ta			
	WAS DECEASE	D EVER IN U.S. AF	RMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	× 113 D	ADDRESS	21225
l e	No No	(If yes, give war a	r doles of service)	27/-21-7726	Mrs. Katheri	ine Schlines	1160 Monroe	
	18.	00.		CAUSE	OF DEATH			L BETWEEN
	A	NTECEDENT CA	USES					
Z	DISEASES (RISE TO TH UNDERLYIN	OR CONDITIONS, E ABOVE CAUSE (NG CONDITION L	IF ANY, GIVING	(8) DUE TO				
IFICATION	DISEASES OF THE UNDERLYING OTHER SIGN	OR CONDITIONS,	IF ANY, GIVING (A) STATING THE AST. ONS CONTRIBUTIS T RELATED TO T	(C)				
	DISEASES OF THE DISEASE OF THE OFFICE OF THE OFFICE OF THE OFFICE	OR CONDITIONS, E ABOVE CAUSE (NG CONDITION L II NIFICANT CONDITI DEATH BUT NO R CONDITION CAU OPERATION 19B. WAS	IF ANY, GIVING (A) STATING THE AST. ONS CONTRIBUTIS T RELATED TO T JSING IT. CONDITION FOR Y S PERFORMED	NG HE WHICH OPERATION	NO		AUSES OF DEATH?	ED
EDICAL CERTIFICAT	DISEASES OF THE CONTROL OF THE CONTR	OR CONDITIONS, E ABOVE CAUSE (NG CONDITION L II NIFICANT CONDITI DEATH BUT NO R CONDITION CAU OPERATION 198.	IF ANY, GIVING (A) STATING THE AST. ONS CONTRIBUTIS T RELATED TO T JSING IT. CONDITION FOR Y S PERFORMED	NG HE WHICH OPERATION	in or obout 21 C. WHERE Coffice bldg., NJURY OCCU	IN CERTIFYING CA	AUSES OF DEATH?	ED
CAL CERTIFICAT	DISEASES OF THE CONTROL OF THE CONTR	OR CONDITIONS, E ABOVE CAUSE (NG CONDITION L) II NIFICANT CONDITION CAU TOPERATION CAU TOPERATION 19B. WAS L CAUSE WAS XOR CONTRIB- SE OF DEATH. (Month) (Day)	IF ANY, GIVING (A) STATING THE AST. ONS CONTRIBUTING T RELATED TO T JSING IT. CONDITION FOR T S PERFORMED 21 B. home etc.J	(C) NG HE WHICH OPERATION PLACE OF INJURY (e.g., form, factory, street, forme Home	in or obout 21C, WHERE Coffice bidg., INJURY OCCU	IN CERTIFYING CA OID (If in Boltimore City, R? O Monroe Cour OINJURY OCCUR?	AUSES OF DEATH? , give exact lacation)	ED
EDICAL CERTIFICAT	OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF T	OR CONDITIONS, E ABOVE CAUSE (NG CONDITION L) II NIFICANT CONDITION CAU TOPERATION CAU TOPERATION 19B. WAS L CAUSE WAS XOR CONTRIB- SE OF DEATH. (Month) (Day)	IF ANY, GIVING (A) STATING THE AST. ONS CONTRIBUTIT T RELATED TO T JSING IT. CONDITION FOR S PERFORMED 21 B. home etc. (Year) (Hour) 2	PLACE OF INJURY (e.g., form, foctory, street, the injury occurred while at the injury occurred while at the injury occurred at w	in or obout 21C, WHERE Coffice bidg., INJURY OCCU 116	Old (If in Boltimore City, R? O Monroe Cour INJURY OCCUR? down cellar	AUSES OF DEATH? , give exact location) Ct Steps	ED
EDICAL CERTIFICAT	OTHER SIGITO THE DISEASE OF INJURY (APPROX.)	OR CONDITIONS, E ABOVE CAUSE (NG CONDITION LINE OF CONDITION LINE OF CONDITION CALLS OPERATION LINE OPERATION L	IF ANY, GIVING (A) STATING THE AST. ONS CONTRIBUTING T RELATED TO T JSING IT. CONDITION FOR T S PERFORMED 21 B. home etc. (Year) (Hour) 2 ? 167 ? m., V	PLACE OF INJURY (e.g., form, foctory, street, the injury occurred while at the injury occurred while at the injury occurred at w	in or obout 21C. WHERE Confided bidg., INJURY OCCU 1160 21F, HOW DID WHILE X Fell topsy ond that co	IN CERTIFYING CA OID (If in Boltimore City, R? O Monroe Cour OINJURY OCCUR?	AUSES OF DEATH? , give exact lacation) Ct Steps n my opinion	ED
EDICAL CERTIFICAT	OTHER SIGITO THE DISEASE OF INJURY (APPROX.)	OR CONDITIONS, E ABOVE CAUSE (NG CONDITION L) II NIFICANT CONDITION CAUSE (NG CONDITION CAUSE WAS XOR CONTRIBUSE OF DEATH. (Month) (Day) 4 29-30 tify that I held or the from: Noture (L)	IF ANY, GIVING (A) STATING THE AST. ONS CONTRIBUTING T RELATED TO T JSING IT. CONDITION FOR T S PERFORMED 21 B. home etc. (Year) (Hour) 2 ? 167 ? m., V	PLACE OF INJURY (e.g., form, factory, street, thome PLE INJURY OCCURRED WHILE AT NOT NORK Inspection X Autoricident X Suicident X Suicident	in or obout 21C, WHERE Coffice bidg., NJURY OCCU 116 21F, HOW DID WHILE X Fell topsy ond that colle Homicide	ON CERTIFYING CA	AUSES OF DEATH? , give exact lacation) Ct Steps n my opinion nner	ED
EDICAL CERTIFICAT	OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF T	OR CONDITIONS, E ABOVE CAUSE (NG CONDITION LINE) III NIFICANT CONDITION CALL CAUSE WAS YOR CONDITION CALL (Month) (Day) 4 29-30 tify that I held on the from: Noture LINE LINE	IF ANY, GIVING (A) STATING THE AST. ONS CONTRIBUTING T RELATED TO T JSING IT. CONDITION FOR S PERFORMED 21 B. home etc. (Year) (Hour) 2 12 1 67 ? m. V In Inquiry	PLACE OF INJURY (e.g., form, factory, street, c. HOME PLE INJURY OCCURRED WHILE AT NOT NORK Inspection X Automatical Suicid M. D	in or obout 21C, WHERE Coffice bidg., INJURY OCCU 116 21F, HOW DID WHILE X Fell topsy ond that co	OID (If in Boltimore City, R? O Monroe Cour INJURY OCCUR? down cellar on this bosis, deoth in Undetermined more L EXAMINER X	AUSES OF DEATH? , give exact lacation) Ct Steps n my opinion nner DATE	SIGNED
MEDICAL CERTIFICAT	DISEASES OF RISE TO THE UNDERLYING TO THE DISEASE OF TOTAL TO THE DISEASE OF TOTAL THE DISEAS	OR CONDITIONS, E ABOVE CAUSE (NG CONDITION L) II NIFICANT CONDITION CAUSE (NG CONDITION CAUSE WAS XOR CONTRIBUTED	IF ANY, GIVING (A) STATING THE AST. ONS CONTRIBUTIT T RELATED TO T JSING IT. CONDITION FOR S PERFORMED 21 B. home etc.) (Year) (Hour) 2 2 ? 167 ? m., v an Inquiry DI couses A	PLACE OF INJURY (e.g., form, factory, street, thome PLE INJURY OCCURRED WHILE AT NOT NORK Inspection X Autoricident X Suicident X Suicident	in or obout 21C. WHERE Coffice bidg., INJURY OCCU 116 21F. HOW DID WHILE X Fell topsy ond that a CHIEF MEDICAL ASSISTANT MEDICAL ASSOCIATE MEDICAL	IN CERTIFYING CA	AUSES OF DEATH? , give exact lacation) Ct Steps n my opinion nner	SIGNED
MEDICAL CERTIFICAT	DISEASES OF RISE TO THE UNDERLYING DISEASE OF THE D	OR CONDITIONS, E ABOVE CAUSE (NG CONDITION LINING CONDITION LINING CONDITION CALL OPERATION (MAIL CAUSE WAS XOR CONTRIBUTE OF DEATH. (Month) (Day) 4 29-30 tify that I held on the from: Noture LINE CAUSE WAS Type) RER'S Type) RUSSE MATION, (238. DA'y)	IF ANY, GIVING (A) STATING THE AST. ONS CONTRIBUTING T RELATED TO T JSING IT. CONDITION FOR TS PERFORMED 21 B. home etc.) (Year) (Hour) 2 PLACE OF INJURY (e.g., form, factory, street, thome PLE INJURY OCCURRED WHILE AT NOT AT W Inspection X Autoricident X Suicid M.D M.D	in or obout 21C. WHERE Coffice bidg., INJURY OCCU 116 21F. HOW DID 21F. HOW DID 21F. HOW DID 40F. ACCUPATION OF CREMATORY NO 21F. HOW DID 21F. HOW	IN CERTIFYING CA OID (If in Boltimore City, R? O Monroe Cour OINJURY OCCUR? down cellar on this bosis, deoth in Undetermined mor L EXAMINER L EXAMINER L EXAMINER Glen Burnie	steps n my opinion DATE July 5, 19	SIGNED	



BIRTH NO.	67-08123	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.
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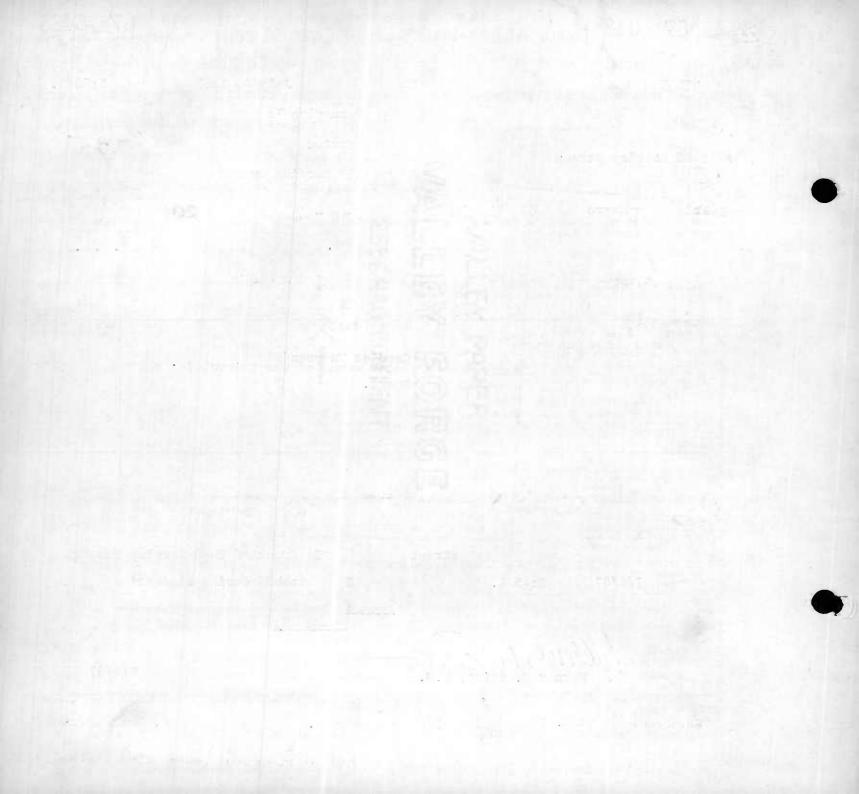
BIRTH NO. 67-08/23 MEDICAL EXAMINER'S CERTIF		
1. NAME OF DECEASED (Type of Print) KEVIN D. BOERNER	2. DATE AND HOUR PRONOUNCED DEAD	
	July 3, 1967 10:40P.M.	
A. STA		
HOSTITAL OR INSTITUTION, GIVE STREET HOSTITUTION, GIVE STREET C. CIT	Y OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
DOULT STEEL STEEL CENTER (2011)	EET ADDRESS (If rurol, give locotion)	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE	2341 Sidney Avenue FOF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.)	
WIDOWED, DIVORCED(specify)	il 25, 1967 lost birthdoys Months, Doys Hours Min.	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRT	THPLACE (State or foreign country) 12. CITIZEN OF	
done during most of working life, even if retired) None None	Balto. Md. WHAT COUNTRY?	
1,010	THER'S MAIDEN NAME	
George Boerner	Betty Kelser	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give war or dotes of service) 16. SOCIAL SECURITY NO.	DRMANT A DDRESS	
No	. Doris Mc Guigan Same	
18. 75 45 1 CAUSE OF DE	ATH INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY		
(This does not meon the mode of dying, e.g.,	tal Heart Disease	
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)		
ANTECEDENT · CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE		
UNDERLYING CONDITION LAST.		

0		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
DISEASE OR CONDITION CAUSING IT.	AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
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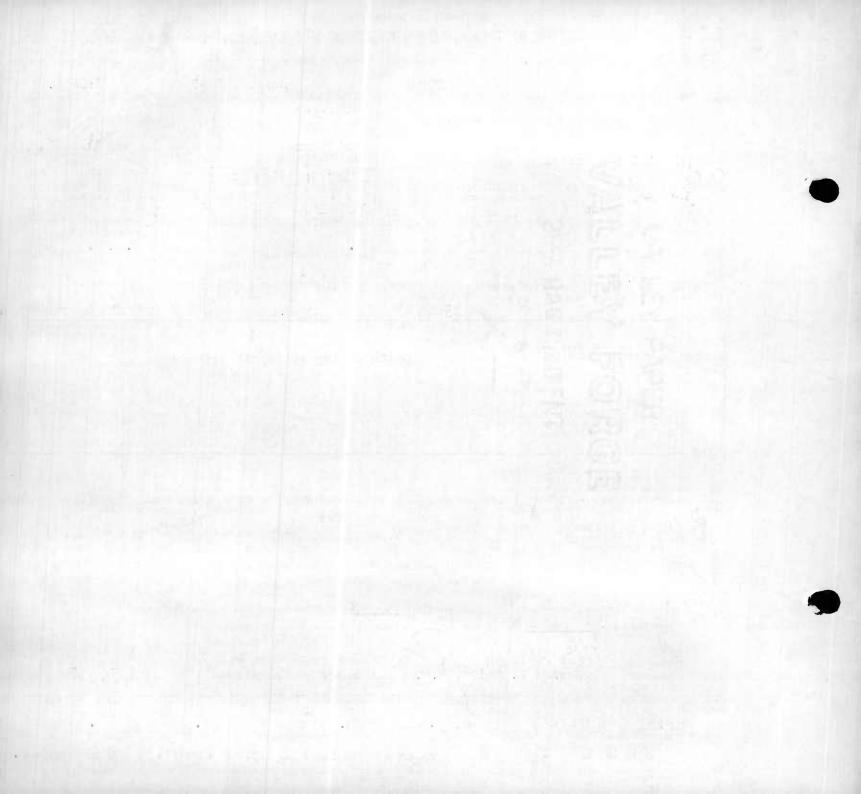


BALTIMORE CITY HEALTH DEPARTMENT

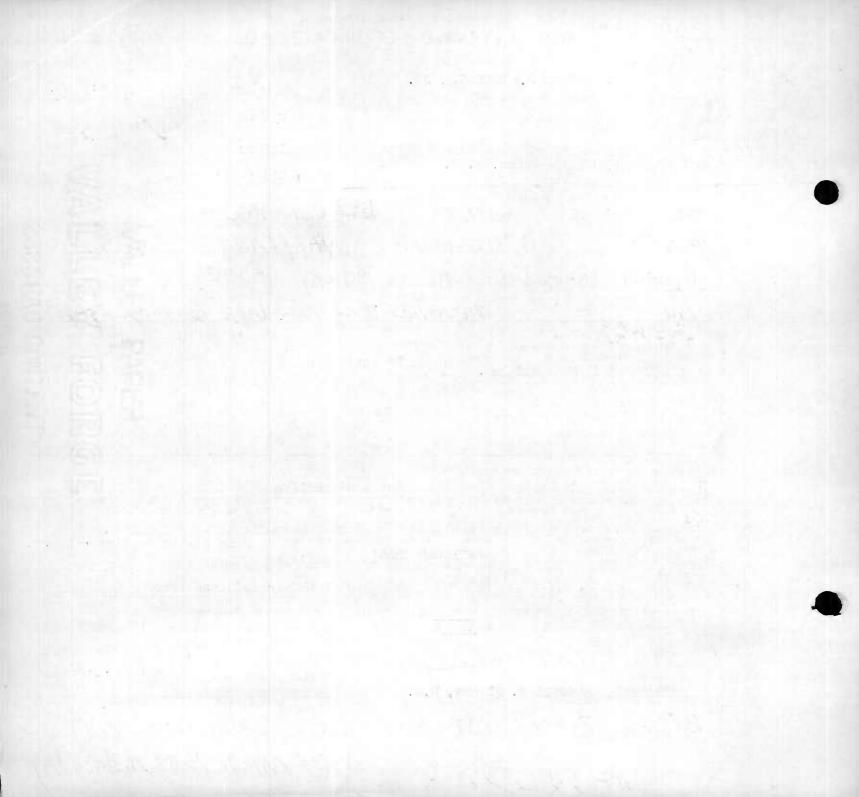
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00				113 Han	ding Av	renue		
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HO	LL NAME OF	(IF NO	T IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET		OWN (If outsi	de corporote limits, write	e RURAL and	give townsh	ip)
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	DISEA	SE OR COL	NDITION DI	RECTLY	ъ.		. 1				
	(This does	not meon	the mode of	dying, e.g.,	DUE TO	ath during	gepilep	tic seizure			
	injury ar ca	mplication w	hich caused	s the disease, death.)							
	,	ANTECEDE	NT CAUSE	S							
	DISEASES	OR COND	NT CAUSE	ANY, GIVING	(B)DUE TO		***************************************				
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NOI	DISEASES RISE TO TH	OR CONDI	ITIONS, IF A CAUSE (A) S ITION LAST.	ANY, GIVING	(B)						
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	ERTIFICATE OF DEATH Registered Na. 0440
I.E. CASE NO.	
NAME OF DECEASED ype or Print) ROBERT J. RAGSDALE, JR.	2. DATE AND HOUR PRONOUNCED DEAD
	6-10-67 6:00 AM M. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
PLACE IN BALLIMORE MARIEAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
OSPITAL OR ADDRESS OR LOCATION) STITUTION	C. CITY OR TOWN (If outside carporate limits, write RURAL and give township)
311011011	Baltimore 8-0
IOUN CORPERS OPENITION Desert D. D.	D. STREET ADDRESS (If rurol, give locotion)
JOHN STREET OPENING - Penna. R. R.	2006 Cliffwood Avenue
SEX 6. RACE 7. MARRIED, NEVER MARRIED	
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Male Colored MARKIEd	JUNE 1942 25
A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
on Juring most of working life, even if retired)	WHAT COUNTRY?
AINTER HOPKINS HOSPITAL	MAKYLANG LIDIA
FATHERS NAME	14. MOTHER'S MAIDEN NAME
KOBERT KAGSDALE SR.	Adury KOSE
	17. INFORMANT ADDRESS
es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
NO 2/6-36-1/05	DORA KAG-SHALE 1204-E, LAVAVEILE
	OF DEATH INTERVAL BETWEEN
C10010 1000010	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the made of dying e.g. (A) Dec	apitation
(This does not meon the mode of dying e.g., heaf foliure, osthenio, etc. It means the disease, injury or complication which caused death.)	
injury of complication which coused deam.	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE	1000
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	411-1
DISEASE OR CONDITION CAUSING IT.	te alcoholism
194. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION	
WAS BEREORASED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21 A. EXTERNAL CAUSE WAS 21R PLACE OF INJURY (e.g., in	NO IN CERTIFYING CAUSES OF DEATH?
21 A. EXTERNAL CAUSE WAS 21R PLACE OF INJURY (e.g., in	NO n or about 21C. WHERE DID (If in Boltimore City, give exact location)
21A, EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING CAUSE OF DEATH. 21B, PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) RAILROAD TRAC	No n or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) John Street Opening - Penna
21A, EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	No n or obout 21C. WHERE DID (If in Boltimore City, give exact location) John Street Opening - Penna
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21A, EXTERNAL CAUSE WAS UNDERLYING OF CONTRIBUTION OF INJURY (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) 6 10 67 2 m. WORK NOT WAT WORK	No n or obout 21C, WHERE DID (If in Boltimore City, give exect locotion) John Street Opening - Penna
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21A, EXTERNAL CAUSE WAS UNDERLYINGXOR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) 6 10 67 ? m. WORK	No nor obout 21C. WHERE DID (If in Boltimore City, give exact location) John Street Opening - Penna Railroad 21F. How DD INJURY OCCUR? WHILE X Found on railroad track - decapitated apsy and that an this basis, death in my apinian
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M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) MICHAEL F.	July 1, 1967 3:20	P • M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odm A. STATE B. COUNTY	nissian)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Mary Land	
5 0 218 North Madeira Street	Baltimore D. STREET ADDRESS (If rurol, give locotion) 218 North Madeira Street	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male White 110612	B. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 1 Aug.) - 1906 Nonths Days Hours	24 Hrs. Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCKING		
13. FATHER'S NAME UOHN 1), SCHMIDT	14. MOTHER'S MAIDEN NAME ELIZABETH PREISINGER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	290
DISEASE OR CONDITION DIRECTLY	AUSE OF DEATH INTERVAL BETY ONSET AND D	
injury or camplication which caused death.)	rteriosclerotic heart disease	
ANTECEDENT CAUSES DISEASES OF CONDITIONS IS ANY CHANG		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	20A. AUTOPSY? (Yes ar No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	IN CERTIFYING CAUSES OF DEATH?	
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JUL 6 1967 Reb E. Farbuna Hartly Miller 2334 Jefferson St

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John D. Bellmer

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Burner 7-5-67 How PROXENER CEM. BALTO, MA.

0010		67 6443	BALTIMORE CITY	HEALTH DEPARTMENT		67 6443
14-760			CERTIFICA	TE OF DEATH	Registered No.	07 0440
and ased the the	M.I	E. CASE NO.		2. DATE AN	D HOUR OF DEATH	, 1
S S S S	(Ту	pe or Print) MAE L-REN	Ner		OAM	7/1/67 M.
hospital ise of c (5) Dece ance or death.	3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When A, STATE B. COUN	e deceased lived. If in TY	stitution: residence before odmission)
W 0		FULL NAME OF (If not in hospital or institution, give	sheet	MARYLAND		
a hosese; (5, sec., to de		HOSPITAL OR oddress or location)		C, CITY OR TOWN (If out		RURAL and give township)
		h.a.//	/	BALTIMOR	E	76-03
ting d cau	1	37 MERCY H	DSPITAL	1 to	rurol, give locotion)	
d d d d d d d d d d d d d d d d d d d	-				STERFIEL	
h occurre contribut termined regular ceased pr	5. 5	WIDOWED, DI	VORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yi. If Under 24 His. Months Doys Hours Min.
0 0 - 0	103	+ W MARK	SIED.	8-15-1901	65	
th co	don	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS		11. BIRTHPLACE (State or tole)	gn country)	12. CITIZEN OF WHAT COUNTRY?
deat Und as i		HOMEMAKER HOME		PA.		U.S.A.
if d (4) U was the	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
F. 7 F.O. 12		WM. D. BUTZ		MARGARE	T SAX	TON
AN tant and; on all did	15.		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
IMPORTAN' or his assistant Also, if the di ounced death ounced death ounced on final di		No — William William Ses, give will be dates of services	SECURITY NO.	Hr. Howard of	. Renner -	3217 Chestertel
ass it ass		18.5 9 3 X I	CAUSE OF		1	INTERVAL BETWEEN ONSET AND DEATH
or his Also, is e of armounce attend		DISEASE OR CONDITION DIRECTLY	11			
TOR: IMF miner or his iner. Also, fracture of o pronouns gular atter embalmed		LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) U	remia	a C Ca aa aa aa aa wa waa a aa aa aa aa aa aa	several whs.
7.75.78		heart failure, asthenia, etc. It means the disease,	0. 4	mature of a		
Miner niner. fractu o pro gular emba		injury or complication which caused death.) ANTECEDENT CAUSES	(B) HADA	Amoun Rod	wour men	ariti
xam cami A fr who reg			DUE TO	RICCI) vais elem	en lementer tes
REC lexa exar (3) A in re s are		DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the	(C)	1700	oute gar.	aritis erulenephietes
DIRECTOR: cal examiner al examiner. s; (3) A fractu cian who pro tian who pro tian in regular		UNDERLYING CONDITION lost.				
AL D medical edical burns; hysician was	z	II CONTRIBUTION				
	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
ERA lefm dy bu e phy ician	ICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	CH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
FUNER by a m 2) Body e the p physicie	CERTIFIC	O None WAS PERFORMED		100	IN CERTIFYING CA	USES OF DEATH?
FL the (2) (2) ere o ph		OR CONTRIBUTING CAUSE OF	CE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
	CAL	DEATH (notify medical examiner) etc.)				
4 6 5 7 P	- 111		URY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
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1 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0		that (1) (we) last sow the deceased alive an	/		ot in (my) (our) opi	nian deoth occurred on the dote
00-		and hour and from the couses stated above. (1) (W	e) (did) (did not) v			
ust be eased ident nospit o deat must		23A. SIGNATURE	7 (27)			23 B. DATE SIGNED
- 0 .= E A		E Soe Koldenson	M.D. Atte	ending Med. Director	Stoff Phy s.	7-1-67
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	111/31 455	
		NAME (Type)	M.D.			
certificat body was vs: (1) An D.O.A. at assed pric	24/	A. BURIAL CREMATION, 248. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY of CRE	MATORY 24D. L	OCATION (Ci	ity, town, or county) (State)
E 70 0 0 -		D III C III HAK	1	CMETERY	- 1	1
	25/	DATE REC'D BY HEALTH DEPT 258 NAME OF P	EGISTRAR	ESCI FUNERAL DIRECTOR	BALTO, A	ADDRESS
This the show was dece	1	JUL 6 1967 A.C. S.E.	For Our M.D	111	- 2334	Maria VI.
4707	1/5	150-REV. 1/1765	dana,	Hartly Mill	0-0304	Lithowar 10,

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	pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such and (6) No physician was in regular attendance on the deceased prior to death. Such obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such weitten approval must be obtained before the remains are embalmed or final disposition is made.
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CH C	A A BALTIMORE CITY	HEALTH DEPARTMENT	1 00	CAAA
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.67	6444
M.E. CASE NO.	CERTIFICA (
Type of Print) OHTES WESL	EY VERN	ON Jun	30 th 190	67 1140p
PLACE OF DEATH IN BALTIMORE, MARYLANI		A. STATE, B. COUN	TY	tion; residence before odmissio
FULL NAME OF (If not in hospital or instit	ution, give street	Marylan		Ballo. Co.
INSTITUTION	011 . 40	C. CITY OR TOWN (If out	side city limits, write RUR	AL and give township)
Union Memoria	& Hospital	D. STREET ADDRESS (IF	rurol, give location)	1.
44		1	77770-0	Avenue
Marie Miller Wit	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH 04-05-92	9. AGE (In yeois II	Under 1 Yr. If Under 24 Honths Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country) 1	2. CITIZEN OF WHAT COUNTRY?
Carpenter To	vell lone of to.	West Vir	Zima	American
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	WE L	
Edgar Dates		11/19 20	eplan	21
5. Was Décosed Ever in U. S. Armed Foices? Yes, no oi unknown) (If yes, give wor or dotes of se	rvice) 16. SOCIAL SECURITY NO.	17. INFORMANT	Ma A	ADDRESS / LRES
IN None	214-03-380	2 Mrs. Unna	111. takes	1 d Dughes
DISEASE OF CONDITION DISEASE	CAUSE O	F WEATH	TABAT	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MY	OCARDIAL IN	FIACTION	5 days
(This does not meen the mode of dying, heart foilure, asthenia, etc. It means the di		~ ~ ***********************************	3 0 0 4 0 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
injury ar complication which caused death.				
ANTECEDENT CAUSES	DUE TO	**************************************	22 22 27 77 77 77 77 20 20 20 20 20 20 20 20 20 20 20 20 20	
DISEASES OR CONDITIONS, it any, rise to the obove cause (A) stoting	giving			
UNDERLYING CONDITION lost.	, me (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
		20 A. AUTOPSY? (Yes or No		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		No	IN CERTIFYING CAUSE	S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimore Ci	ty, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Work Not While At Work			
22. I certify that (I) (this hospital) atter	ided the deceased from	6-25	19 67 to 6 -	30 19.61
that (1) (we) lost sow the deceased oliv				n death accurred on the a
and hour and from the causes stated about				
23A. SIGNATURE			23	B. DATE SIGNED
1210 hold 221	Phy M.D. Alte	nding Med. Director	Stoff Phy s.	6-30 61
23C. PHYSICIAN'S NAME (Type) FRIDTJOFUR 1310	RNSSON M.D.	Ussion Mes	morral h	6-30 69
24A. BURIAL CREMATION 24B. DATE	24C HAME OF CEMETERY OF CRE		OGATION/ (City/)	An, or county) State.
REMOVAL (Specify)	I to will Nati	wolainthe 1	iberill.	2 Mil.
25 A. DATE REC'D BY HEALTH DENT. 25 B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	yunge	APORES /
JUL 6 1967 ALGO	BE tarkey MAN	July 16	N X/anal	1/11/11/10 1/1
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IRTH NO.			ATE OF DEATH		
NAME OF DE	Reed	Carroll		NO HOUR OF DEATH	105
. PLACE OF DE	ATH IN BALTIMORE M				institution; residence before odm
FULL NAME	OF (If not in hospito oddress or locati	al or institution, give street	Maryland c. city or town (if ou		RURAL and give township)
Mid Town Nursing Home			Baltimore 20-0		
				rural, give location)	
10 80	08 Saint Paul	Street	3,000 11 12		
	altimore, Mar		1929 West Bal		
. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours
Male	White	Married	4/28/1888	79	
OA, USUAL OCC		ork 108, KIND OF BUSINESS OR INDUS		eign country)	12. CITIZEN OF
ane during mast a	working life, even if retired)			WHAT COUNTRY?
Painter	- Retired		Annapolis, N		
3. FATHERS NA			14. MOTHER'S MAIDEN NA	ME	
	Can	roll	Faunta		
			Fannie		44
	d Ever in U. S. Armed F n)(If yes, give war or da		17. INFORMANT		ADDRESS
		218-12-3564	Mrs. Helen Can	rroll same	address
110				Bellife	INTERVAL BETWEE
18.00	OX	CAUSE	OF DEATH		ONSET AND DEA
DISEA	SE OR CONDITION D	DIRECTLY	. 0	. 7 6	
	LEADING TO DEATH	· 🗪	ilia Masino	or tale	nk
(This does	and make all a made	(A)			
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	, osthenio, etc. II meon mplication which couse	of dying, e.g., DUE TO so the disease, and deoth.)	dio Respir	at Home	nece
	, osthenio, etc. II meon mplication which couse	of dying, e.g., s the disease, ed deoth.) (B)	assing Ceceler	of Home	Die
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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Md.

ADDRESS

Hours

INTERVAL BETWEEN ONSET AND DEATH



-	of death of death Deceased ce on the ath. Such	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Margaret M. Brandy 3. PLACE OF DEATH IN BALTIMORE MARYLAND	2. DATE AND HOUR OF DEATH June 30, 2667 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY			
	ng cause of cause; (5) De attendance ior to death	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION Melrose Nursing Home	Maryland C. CITY OR TOWN (If outside city limits, write RURAL ond give township) Baltimore D. STREET ADDRESS (If rurol, give locotion)			
occurred ontributin ermined c regular a		WIDOWED, DIVORCED (specify)	2822 Maryland Ave. 21218 Date Of Birth 9. AGE (In yeors lost birthdoy) If Under 1 Yr. If Under 24 His. Months Doys Hours Min.			
	or confidence in regulation is	Female Caucasian Widowed 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 1 done during most of working life, even if retired) Saleslady Hochschild Kohn & Co.	1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
assistant if de dif the direct of the direct of the direct of the direct of death was dance on the rinal disposit	± € 3 + 4 × 4 × 6 × 4 × 6 × 6 × 6 × 6 × 6 × 6 ×	John Gross	4. MOTHERS MAIDEN NAME Margaret France			
	サスタるに	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	7. INFORMANT Balto. Md. Eleanor F. Brandy 2822 Maryland Ave. DEATH DEATH			
or his Also, re of ar nounce			Je et ansurym Tufes Le insularosis 18 y,			
medical examinedical examinedical examinedical examined burns; (3) A fra shysician who require the shadow of the s	examin examin (3) A fra n who in regu	injuly of complication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the UNDERLYING CONDITION lost.	Lewseloweis 18 y.			
	burr burr burr bhysi an w rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or Not) 20B. IF YES, WERE FINDINGS CONSIDERED			
FUN	(2) Bo ere the physical physic	WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, office etc.,) 25 DEATH (notify medicol exominer)	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?			
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any any (ex , ar		22. I certify that (1) (this beapitel) attended the deceased from that (1) (we) last saw the deceased alive an ond hour and from the causes stated abave. (1) (We) (did) (did not) vice	ond that in (my) (and opinion death occurred on the date			
	relea accide a hos r to d	23A. SIGNATURE M.D. Atten Phys. 23C. PHYSICIAN'S NAME Type M.D. Atten Phys. A. M.D. M.D.	ding Med. Stoff Phys. 23B. DATE SIGNED 23B. DATE SIGNED 7/1/67 3D. ADDRESS			
	the body was shows: (1) An was D.O.A. at deceased prior written appro	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) (Store REMOVAL (Specify) 3, 67 New Cathedral Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25C. FUNERAL DIRECTOR ADDRESS 1967 4 P. A.				
•	- - u 3 0 3	VS 150-REV. 1/1/65	Mmy Tuckner Jour Balto med #17			

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DIRECTOR:

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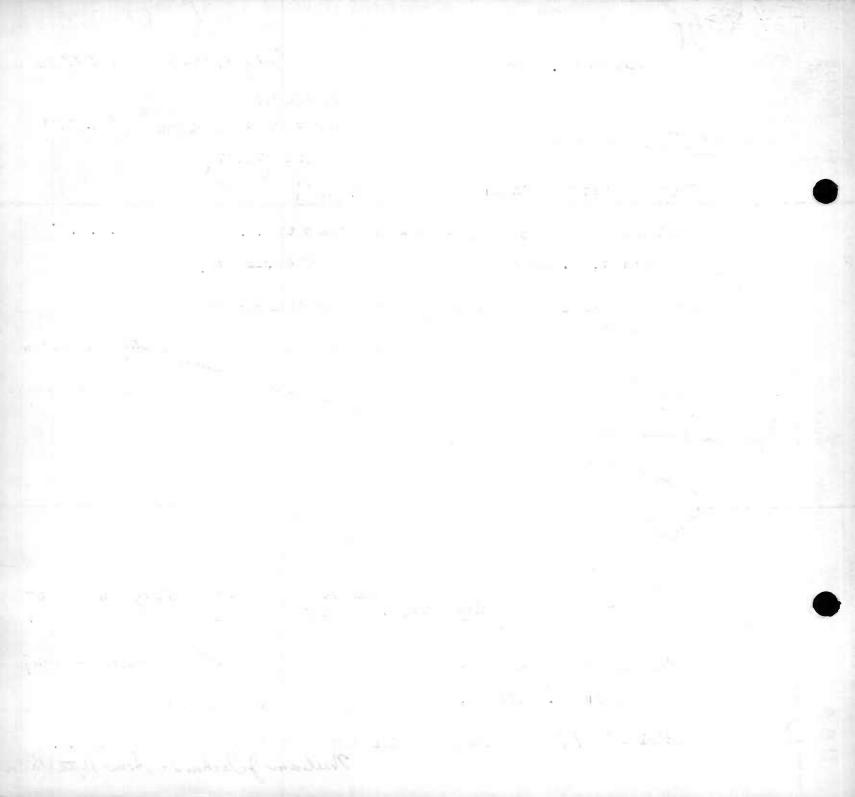
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



	eceased omima? Truitt	,		J. J.	117 1, 1967	12:01 A.M.
Bolton FULL NAME	HILL Nursing OF (If not in hospitol	Home	ve street	4. USUAL RESIDENCE 6. C. Maryland	Where deceased lived, If in OUNTY	nstitution: residence before odmission)
HOSPITAL OF	R oddress or locotio			Baltimore		RURAL and give township)
46				D. STREET ADDRESS 218 W. Ma	(If rural, give lacation) Idison Street	
sex Female	6. RACE Caucasian		DIVORCED (specify)	B. DATE OF BIRTH June 16,1995	9. AGE (In yeors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
one during most o	CUPATION (Give kind of work of working life, even if retired)	k 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Store of Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY?
FATHER'S N	AME Secretary			14. MOTHER'S MAIDEN	NAME	
	C. Ridgely			Rachel May	mard	
es, no or unknow	ed Ever in U. S. Armed For wn) (If yes, give wor or date	es ol service)	6. SOCIAL SECURITY NO. 220 05 57724	17. INFORMANT Records: Bolt	on Hill Nursi	address ng Home
1B. 4 0	22/1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIE LEADING TO DEATH	RECTLY	0	france for die	Carla Ver	
	nat mean the made at e, asthenia, etc. Il means		DUE TO	Disease	Cardio Vesco Visease	
	amplication which caused		G	Report L	7:0000	12 100
	ANTECEDENT CAUSES		DUE TO		75 000	
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OR CONTRI	DENT WAS UNDERLYING DEUTING CAUSE OF CAUSE OF	21 B. P home etc.)	LACE OF INJURY (e.g., in form, foctory, street, of	or obout 21 C. WHERE DI fice bldg., INJURY OCCU	D (If in Boltimor	e City, give exoct locotion)
1	(Month) (Doy) (Year)	(Hour) 21 & 1	NJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
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21 D. TIME OF INJURY (APPROX.)	fy that (1) (this hospita	344 1	At Work		19 to Ja	19 96
21D. TIME OF INJURY (APPROX.)	fy that (I) (Mrs hospita	Wark	A . 141 4	May 1st	19to	inion death accurred on the da
21 D. TIME OF INJURY (APPROX.) 22. I certif	fy that (I) (Mrts kospital) last saw the decease and from the causes sta	Wark 1) attended the	deceased from	May 1 ct 19 19 7 an	d that in (my) (our) op	inion death accurred on the da
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FUNERAL DIRECTOR: IMPORTANT

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T	on Drine)		WILL	IAM JOH		167	13-15
3. PL/	ACE OF DEA	HADWICK	RYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If	institution: residence before admis
HO		olf not in hospital oddress or location MEMORIAL NORE, MAR	L HOST	DITAL	C. CITY OR TOWN (IF OF BALTIMOR) D. STREET ADDRESS (III	utside city limits, write	e RURAL and give menship)
		Is no de			802 EXETE		
5. SEX	7	6. RACE	WIDOWE	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH 03-11-93	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours M
		JPATION (Give kind of work working life, even if retired)	108. KIND O	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
_	ETIR				MARYLAN	D	u, 5.
13. FA	ATHER'S NAM	AE .			14. MOTHER'S MAIDEN NA		1 0,
a	FORI	FE W. CHA	PDWIC	大	SARAH	L. BAR	RGER
15. W	as Deceased	Ever in U. S. Armed Ford	ces?	1 6. SOCIAL	17. INFORMANT	/	ADDRESS
Yes, n	no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.	MRS. MINNI	E CHADW	
18	B. 4-2	01/4-14	1.4	CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION DIR	RECTLY			,	
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		al mean the made of asthenia, etc. It means		DUE TO			
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i		plication which caused		oli.			
i		ANTECEDENT CAUSES		(B)	343***********************************	V *** **** *** ** ** ** ** ** ** ** ** *	
	DISEASES C	ANTECEDENT CAUSES OR CONDITIONS, if	any, giving			· · · · · · · · · · · · · · · · · · ·	
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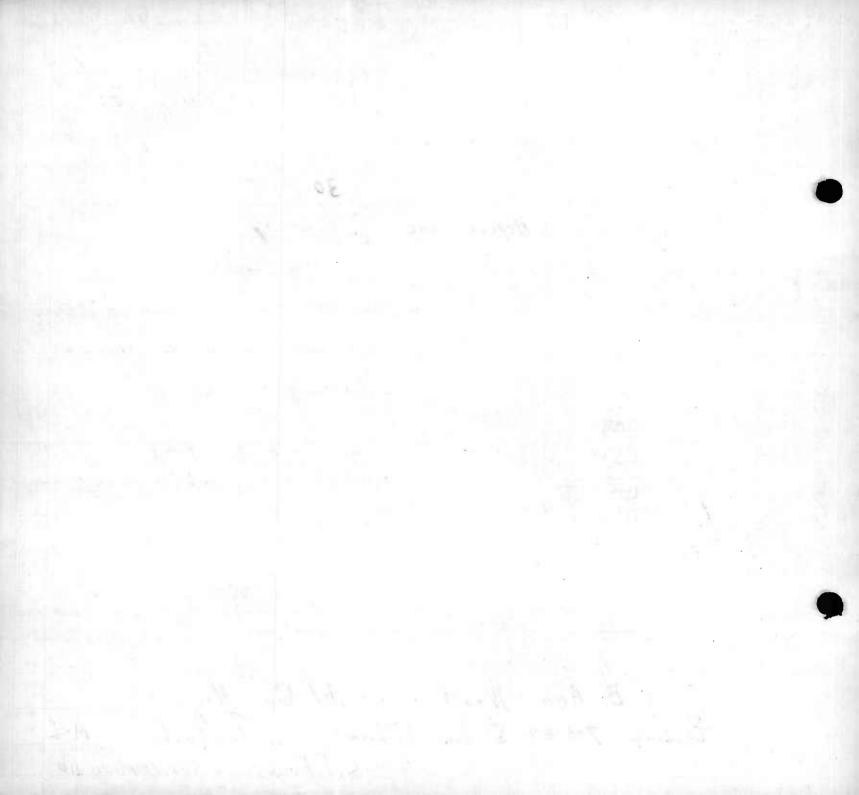
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 6454

M.E. CASE NO.				LKIIICAIL	DATE AND HOUR PRONOUN	
(Type or Print)		PENCER	ANDERSON	2.	July 1, 1967	7:35 P.
3. PLACE IN BAL	TIMORE, MARYLAND, W			A. STATE	E(Where deceased lived. If in	stitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN	(If outside corporate limits, wr	ite RURAL and give township)
00 1	070 West Fay	ette Str	eet		(If rurol, give locotion)	Street
5. SEX	6. RACE	WIDO WED,	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	0 West Fayette 9. AGE (In years lost birthdoy) 65	If Under 1 Yr, If Under 24 Hr Months, Doys Hours Min.
done during most of	working life, even if retired)		BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labore 1	ME	CArpent	er	Albany, Ge		U.S.A.
Spencer	Anderson D EVER IN U.S. ARME	FORCES?	16. SO CIAL	Mary Maddo	X	ADDRESS
(Yes, no or unknown	(If yes, give wor or dot	es of service)	SECURITY NO.		Hurt 1823 N. C	aroline St. 21213
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23A. BURIAL CRE REMOVAL (Specific Burial	MATION, 23B. DATE	23	C. NAME OF CEMETERY Mt. Auburn Ce		23 D. LOCATION (Ci Baltimore, Ma	ty, town, or county) (State)
24A, DATE REC'D	BY HEALTH DEPT.		E Fallyma	24C. FUNERAL Marshall		ADDRESS 1735 Harford Ave. 21213

Mrs. Annae Burt 1873 W. Caroline Schund . arti-

7-7-1967 Mr. Auburn Countery Balkinore, Nacyland

VS 150-REV. 1/1/65



IMPORTANT

DIRECTOR:

FUNERAL

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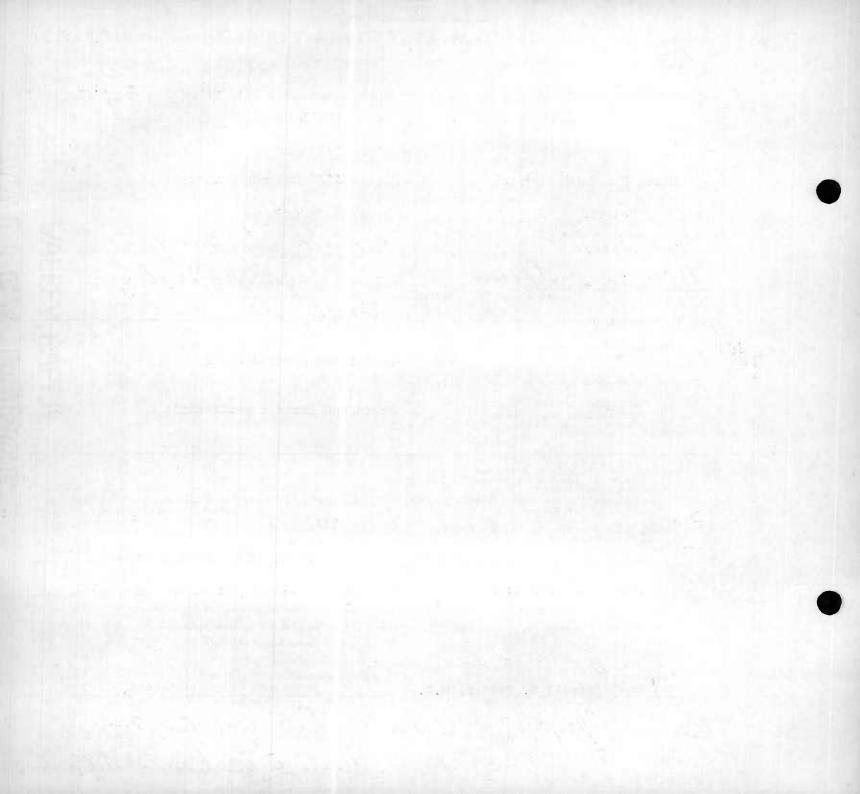
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B. Bartana and M. B.

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NAME OF DECASED PLACE IN SALTIMORE MARTLAND, WHERE PRONOUNCED DEAD ULL NAME OF ORDERS OR LOCATION) ULL NAME OF ORDERS OR LOCATION OF ADDRESS OR LOCATION OF A			BALTIMORE CITY HEA			05 0450
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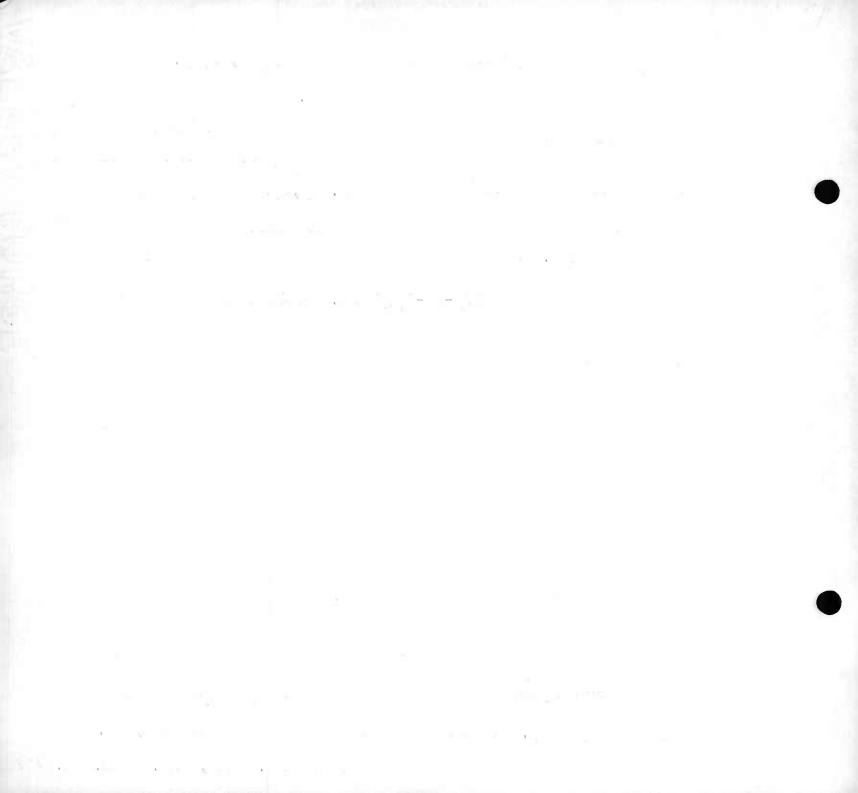
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DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV, 1/1/65

IMPORTAN

DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

If Under 24 Hrs.

Hours

ADDRESS

BALTO, MD

INTERVAL BETWEEN

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	200
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	is co	ows as D	ced	9
	Th	s ×	de	

7	67 6463		HEALTH DEPARTMENT		67 6463
	BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No	07 0300
	M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	DY HOUR OF DEATH	. 25
	(Type or Print) BURKE JOSE!	PHE,	7	16/67	106 = AM
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived, if insti	tution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give	-44	140	2 11	
	HOSPITAL OR oddress or location)	sneer	C. CITY OR TOWN (If our	side city limits, write RU	RAL and give township)
	INSTITUTION		BALTIMORE		X-01
	Johns Hooking Hospita	.\		rurol, give ocation)	1
	33	~1	3132	Lit twon	l Aug.
mad	5. SEX 6. RACE 7. MARRIED, NEV	VER MARRIED VORCED (specify)		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min,
E	MARRIE MARRIE	D (specify)	3/21/1699 XXXXXXXX	lost birthdoyl 68	violinis Doys Hours With,
1 15	10A. USUAL OCCUPATION (Give kind of york 10B. KIND OF BUS		11. BIRTHPLACE (Stole or forei		12, CITIZEN OF
0	dome during most of working life, even dratifed)		Wa	"	U.S.A.
disposition	13. FATHER'S NAME		Md. 14. MOTHER'S MAIDEN NAM	AE	0.5.A.
0	-		?		
dis	15. Was Deceased Ever in U. S. Armed Forces? 16.	50.01.1			
8		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
tina	NO 2	17-03-6301	Mrs. Margaret	Burke same	
0	18. 3 3 0 X I	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ntercerebral	Le maralina	
E	(This does not meon the mode of dying, e.g.,	(A) DUE TO	u rorcerebyar	14-cmost u. road 6	about 14 hr,
0	heart failure, asthenio, etc. It meons the disease,	000 10			
embalm	injury or complication which caused death.)	(P)			
	ANTECEDENT CAUSES	DUE TO		***************************************	***************************************
are	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(C)			
before the remains	UNDERLYING CONDITION last.	17,		***************************************	0
ā	, II				
e	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
0	DISEASE OR CONDITION CAUSING IT.	H OPERATION	20A. AUTOPSY? (Yes or No	208 HE VEC WERE EIN	IDINGS CONSIDERED
÷	WAS PERFORMED	TI OTERATION	600	IN CERTIFYING CAUS	ES OF DEATH?
ore	U 21A. ACCIDENT WAS UNDERLYING 218. PLA	CE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore (City, give exact location)
e	OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examiner)	rm, foctory, street, off	ice bidg., INJURY OCCUR?		
	0	URY OCCURRED	21F. HOW DID INJ	IBY OCCUP?	
ne	S OF INJURY			DKI OCCOK:	
btained	(APPROX.) Work	At Work			
90	22. I certify that (I) (this haspital) attended the d		· _]	961 to _	July 06 1967.
pe	that (I) (we) lost saw the deceased alive on	July 06	= 19 6 ond the	at in(my) (our) apini	an death occurred an the dote
	and hour and from the causes stated above. (1) (V	() (qiq) (qiq (qi) vi	ew the bady ofter deoth.		
must	23A. SIGNATURE			2	38. DATE SIGNED
	John X Granel	M.D. Atter	Med. Director	Staff Phys.	7/6/67
O A C	23 PHYSICIANS / NAME (Type)	2	3D. ADDRESS		1 10
approval	JOHN S. URBANETTI	M.D.	JOHNS HOPKIN	S HOSPITAL	
d D	24A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY or CREA			town, or county) (State)
	REMOVAL (Specify)	T Radeaman (C	Balta Wa	
Ě	Burial 7/8/67 Hol	y Redeemer (25C. FUNERAL DIRECTOR	Balto. Md.	ADDRESS
written	JUL 6 1967 (R.D. A 8	Falley Mill	1 12 12		
	VS 150-REV. 1/1/65		Leonard J.	Ruck Inc. Be	lto. Md.

No

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All makes the street is a more

OH C	404	HEALTH DEPARTMENT		67 GAGA
	164 CERTIFICA	TE OF DEATH	Registered Na	01 0404
M.E. CASE NO. 1. NAME OF DECEASED	N	2. DATE AND	HOUR OF DEATH	11.05
(Type or Print) Charles Varne	Yarney	4;	05 7/6/6	7 4:00 A M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	1	4. USUAL RESIDENCE (Where		itution: residence before admission)
		Md.		
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street		ide city limits, write RL	JRAL and give township)
INSTITUTION	,		Baltimore	- 10 APP 17 17 17 17 17 17 17 17 17 17 17 17 17
37 Mercy Hospi	tal	D. STREET ADDRESS (If re	ural, give location)	21217
		2712	2 Strathmo.	re Avenue
	RIED, NEVER MARRIED	B. DATE OF BIRTH 19		If Under 1 Yr., If Under 24 Hrs.
00 1 1111 0 0 1110	OWED, DIVORCED (specify)	March 7, 1893.	ost birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KINI	dowed of Business OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF
done during most of working life, even il retired)				WHAT COUNTRY?
Retired (ontractor		14. MOTHER'S MAIDEN NA	yland	USH
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	0 11	
Dos Fred Da	rney		? Ker	た
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		Mr Ed Danne	au Luthanu	:110 Md
18. 4./ /	CAUSE O	Mr. Ed. Darne	eg, Lucier.	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	R-0	tore of ancu f descending	iysm.	ONSET AND DEATH
LEADING TO DEATH		t descending	therecic	minutee
(This does not mean the made of dying,	c.g.,	orfa		
heort failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	edse,			
ANTECEDENT CAUSES	(B)	රේගේ සහස්තාවක්කුගෙන් සැස සැස සැසි න් ඒ එක් සැස වැඩ සැස සැස සැස සැස සැස සුදු බු සු සාදෙකුණු කුණු සුදුල් ලා ඇත. ඇත. සැස සුදුල්	*******************	
DISEASES OR CONDITIONS, if any, gi				
rise to the above cause (A) stating		Sevene As	scup	7 1 2 .
UNDERLYING CONDITION last.				, ,
Z OTHER SIGNIFICANT CONDITIONS CONTRIB	ITING Congestive	heart failure,	salmonell	m/1/1/
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE THE TICK	cs septicemin	, Lett plevi	vol ettusi ~
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		Ve 3	IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	n or about 24 C. WHERE DID	Of in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	ffice bldg., INJURY OCCUR?		
D 21D-TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	215 HOW DID INIU	10.4 0.5 0.11.03	
OF INJURY	While At Not While	21F. HOW DID INJU	INT OCCUR:	
(APPROX.)	Work Al Work			
22. I certify that (I) (this hospital) oftend	led the deceased fram	JUNE & 1	9 6 710 J	Uly 6 1967
tha (I) (we) last saw the deceased alive	on J-146	19 6 Zand tha	t in (my) (aur) apini	ian death accurred an the date
and hour and from the causes stated above				
23A. SIGNATURE				23B, DATE SIGNED
1200 5 91	/ M.D. Atte	ending Med.	Stoff 🗸	71,11
23C. PHYSICIAMS	yer Phy	s. Director 23D. ADDRESS	Phy s.	1/6/6/
23C. PHYSICIAN'S NAME (Type) LOUIS E. GR	anzah		cy Hospita	1.
	0		0 1	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24	C. NAME of CEMETERY of CRI	EMATORY 24D. LO	0 1	, town, or county) (Stote)
Burial 7/10/67.	Moreland Mem.	(emetery	Baltimor	e, Md.
	ME OF REGISTRAR	DEC PUNERAL DIRECTOR		ADDRECC
111 6 1967 000	De B & Farber MA	Leonard J. 1	Kuck, Inc.	Balto.Md. 21214
VS 150-REV. 1/1/65				•

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DALTIMODE	CITY	LIEALTLI	DEPARTMENT	
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1. NAME OF DECEASED		2. DATE AN	ND HOUR PRONOUNCED	DEAD
GEORGE S			2, 1967 deceosed lived. If instituti	ion: residence before odmission)
FULL NAME OF (IF NOT IN HOS ADDRESS OR LO	SPITAL OR INSTITUTION, GIVE STREE DCATION)	Maryland	B. COUNT	
TOTING HODE	TNO HOODTEAL DO A	D. STREET ADDRESS (If rural		
5. SEX 6. RACE Male White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single	To make on state		If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
IDA, USUAL OCCUPATION (Give kind of done during most of working lite, even if retire Infant 13. FATHER'S NAME	Work TOR KIND OF BUSINESS OR INC	Baltimore, Ma	gn country)	2. CITIZEN OF WHAT COUNTRY?
George F		Mildred Stil	ling	
15. WAS DECEASED EVER IN U.S. ARA (Yes, no or unknown) (If yes, give war or		Mildred Stilli		Fayette St.
DISEASE OR CONDITION LEADING TO DEA (This does not meen the mode heart foilute, osthernia, etc. It me injury or complication which cous ANTECEDENT CALL DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA	ATH of dying, e.g., cons the disease, ed deoth.) JSES IF ANY, GIVING DUE TO OUE TO	(SDII)		ONSET AND DEATH
LEADING TO DEA (This does not meon the mode heard foilure, osthenia, etc. It me injury or complication which cous ANTECEDENT CAL DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA UNDERLYING CONDITION LA OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE (AS 19A. DATE OF OPERATION 19B. WAS) VALUE AND THE CAUSE WAS	ATH of dying, e.g., sed deoth.) JSES IF ANY, GIVING DUE TO STATING THE ST. ONS CONTRIBUTING RELATED TO THE SING IT. CONDITION FOR WHICH OPERATION PERFORMED [218, PLACE OF INJURY]	20A, AUTOPSY? (Yes ar Na) YES (e.g., in ar abaut 21C, WHERE DID	IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH? YES
LEADING TO DEA (This does not meon the mode heart foilure, osthenia, etc. It me injury or complication which cous ANTECEDENT CALL DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA UNDERLYING CONDITION CAUSE OF DEATH BUT NOT DISEASE OR CONDITION CAUSE OF OPERATION 198. C WAS 194. DATE OF OPERATION 198. C WAS 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.	ATH of dying, e.g., sed deoth.) JSES IF ANY, GIVING DUE TO STATING THE ST. ONS CONTRIBUTING RELATED TO THE SING IT. CONDITION FOR WHICH OPERATION PERFORMED [218, PLACE OF INJURY]	20A. AUTOPSY? (Yes ar Na) YES (e.g., in ar about 21C. WHERE DID reet, office bldg., INJURY OCCUR?	IN CERTIFYING CAUSES (If in Boltimore City, give	INGS CONSIDERED OF DEATH? YES
LEADING TO DEA (This does not meon the mode heart foilure, osthenia, etc. It me injury or complication which cous ANTECEDENT CALL DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING CONDITION CAUSE OF DEATH BUT NOT DISEASE OR CONDITION CAUSE OF DEATH BUT NOT DISEASE OR CONDITION CAUSE OF DEATH. 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 D. TIME (Month) (Doy) (OF INJURY)	ATH of dying, e.g., sed deoth.) JSES IF ANY, GIVING DUE TO STATING THE ST. ONS CONTRIBUTING RELATED TO THE SING IT. CONDITION FOR WHICH OPERATION PERFORMED 218, PLACE OF INJURY home, farm, foctory, st etc.) Year) (Hour) 21E. INJURY OCCU WHILE AT Inquiry causes X Causes X Causes X Causes X Causes X Causes X Causes X Causes X Causes X Causes X Causes X Causes X Causes X Causes X Causes X	20A. AUTOPSY? (Yes ar No. YES (e.g., in ar about 21C. WHERE DID reet, office bidg., INJURY OCCUR? RRED 21F. HOW DID INJ NOT WHILE AT WORK Autapsy C and that an the suicide Hamicide CHIEF MEDICAL E. M.D. ASSISTANT MEDICAL E ASSOCIATE MEDICAL E	IN CERTIFYING CAUSES (If in Boltimore City, give URY OCCUR? nis basis, death in my of the company of the com	INGS CONSIDERED OF DEATH? YES exact lacotion)

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FUNERAL DIRECTOR:

CH	6486 CEDITIES	Y HEALTH DEPARTMENT	CM CACC
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered No. 67 6456
M.E. CASE NO.	02/(1/1/10/		•
Type or Print)	5		HOUR OF DEATH
ANNIE	SHULKA	UOL	y 4, 1967 12 No eccosed lived. If institution; residence before of
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	A. STATE B. COUNTY	eccosed lived, if institution; residence before of
FULL NAME OF (If not in hospital	ar incellentian anna atoma	Manyland	
HOSPITAL OR oddress or locotion	or institution, give street		city limits, write RURAL, and give township)
INSTITUTION		12 1	City minis, while kokkeyond live lowing man
& MARYLAND GE	- DIEDA!	Saltun	2
OVIARYLAND GE	NEKAL	D. STREET ADDRESS (If ruro	, give locotion)
		841 N.	Eletant
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9.	GE (In years If Under 1 Yr., If Under
F UI	WIDOWED, DIVORCED (specify)	5/27/97 0051	birthday) Months Doys Hours
10A, USUAL OCCUPATION (Give kind of work	WI dowed	LY 11. BIRTHPLACE (State or foreign	country) 12, CITIZEN OF
done during most of working life, even if retired)	TOO. KIND OF BOSINESS OF INDOST	TI. BIKITICA CE (Sinte of loreign	WHAT COUNTRY?
Housewife	Own Home	Austrias	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0,7,11
7		7	
Alexander Ko	zub	Mary Skowronel	C
5. Was Deceased Ever in U. S. Armed For Yes, no or unknown) (If yes, give wor or dote		17. INFORMANT	ADDRESS
	SECURITY NO. 220-44-6782	Thoodon Od	- 91.7 M Feeters Charles
No			841 N. Eutaw Street
18. 4.201	CAUSE	OF DEATH	ONSET AND DE
DISEASE OR CONDITION DIE	RECTLY	1 11 1	114 114
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if	(B) DUE TO	8000	
rise to the above cause (A) UNDERLYING CONDITION lost.	storing the (C)		
11			
OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING		
TO THE DEATH BUT NOT RELA	ATED TO THE		
DISEASE OR CONDITION CAUSING	DITION FOR WHICH OPERATION	TODA ALITOREYS (Vos. of No.)	08. IF YES, WERE FINDINGS CONSIDERED
19A, DATE OF OPERATION 19B, CON WAS PERI		A / ()	CERTIFYING CAUSES OF DEATH?
a l		100	
OR CONTRIBUTING CAUSE OF	home, form, factory, street,	office bldg., INJURY OCCUR?	(If in Boltimore City, give exact tocotion)
DEATH (notify medical examiner)	etc.)		
21D. TIME (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?
S OF INJURY	While At Not W		
(APPROX.)	Work At Wor		
22. I certify that (1) (this hospital) ottended the deceased from	5/20 100	57 to 7/4 19
	0/11	10	
that (I) (we) lost sow the decease	d office on	IYand that i	n(my) (aur) opinian deoth occurred on
and how and from the causes stot	red obeye. (1) (We) (did) (did not)	view the body ofter deoth.	
23A SIGNATURE			23B. DATE SIGNED
1 1 12111	() / M.D. A	ttending Med. Sto Phy	7/2/17
Jonata B.	Lemot P	·	5. 🗆 ////6/
V3C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	1
DONALD W	. DEMBO M.E	827 LINDEN	AUE.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCA	ATION (City, town, or county)
REMOVAL (Specify)			
Burial 7-7-196	o7 St. Michael	Balti	more County, Maryland
25A. DATE REC'D BY HEALTH DEPT	258 NAME OF REGISTRAL	25C. FUNERAL DIRECTOR	ADDRESS
ANT 0 1901 (there E. Janey M.	Idlly & Zeiler	Inc 1901 Factors Am

5 X

Toniero promo e militar de la compania del compania del compania de la compania del

1 1			BALTIMORE CITY	HEALTH DEPARTMENT			
BIRTH NO.	67	646	17	TE OF DEATH	Registered Na.	67 6467	
M.E. CASE NO.	1900		CERTIFICA	TE OF DEATH			
1. NAME OF DECEA	SED			2. DATE AN	ID HOUR OF DEATH		
1)	JARGARE	T M.	AKGER I	eager 7 H	167	14:30 PM	
3. PLACE OF DEAT	H IN BALTIMORE, MAI	RYLAND		4. USUAL RESIDENCE Whe	re deceased lived. If in	stitution; residence before admission)	
FILL NAME OF	Af not in bonnied			MARGARET M.		Bull Cal	
FULL NAME OF (If not in haspitot or institution, give street HOSPITAL OR oddress or location)				C. CITY OR TOWN (If autside city limits, write RURAL and give township)			
INSTITUTION				BALTIMORE 53.00			
THE JOHNS HORKINS HOSP				D. STREET ADDRESS (If rural, give location)			
33			•	1 760 BROOK	-		
5. SEX 6.	RACE	7 AAADDIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.	
. SEA	RACE	WIDOWE	D, DIVORCED (specify)	last birthday) Months Days Hours Min.			
FEMALE	WHITE	WIDO	WED	11-5-14	52		
	ATION (Give kind of wark) rking life, even if retired)	10B, KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign cauntry)	12. CITIZEN OF WHAT COUNTRY?	
Housewife				Baltimore, Ma	ryland.	U.S.A.	
3. FATHERS NAME				14. MOTHER'S MAIDEN NAME			
	icholas Elli			-	et O'Leary		
o. Was Deceased Every contract of the contract	ver in U. S. Armed Fara f yes, give war ar dote:	es? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No			215-49-7582	Elizabeth Allm	an 1679 Free	nch Ave Balto 21,	
1B. / G /	0		10-2 -4- 12-10	F DEATH	COL LOLY ELG	INTERVAL BETWEEN	
17/1	OR CONDITION DIR	F C T L V	0.1002			ONSET AND DEATH	
	EADING TO DEATH	ECILI	00-2-0	ITITLE COURTHAN	and the and	ILLO DO DATH	
(This does not	mean the mode of	dying, e.g.,	(A)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	STITIC CARCINO		VI TION II	
	sthenio, etc. It means icotion which caused			2011 AWO.	MP CETT		
		deom./	IN LIVE	ACALCEMIA &	of to som	12	
AN	ITECEDENT CAUSES		DUELTO	arzulose Eustral	xtoti 901	(
	CONDITIONS, if						
	above cause (A) CONDITION last.	sidling the	(C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	11						
OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTIN	G MANAGE				
TO THE DEA	TH BUT NOT RELA	TED TO TH	Al male				
OTHER SIGNIFICATION TO THE DEADISEASE OR CO			WHICH OPERATION	20 A. AUTOPSY? (Yes or No	DI 20B. IF YES. WERE	FINDINGS CONSIDERED	
E	WAS PERFORMED				IN CERTIFYING CAUSES OF DEATH?		
U 21A. ACCIDENT	WAS UNDERLYING	218	PLACE OF INTURY (e.g.	n or obout 21C. WHERE DID	(If in Bultimore	e City, give exact location)	
, OR CONTRIBUTI	NG CAUSE OF	han etc.	ne, farm, foctary, street, o	ffice bldg., INJURY OCCUR?	Pullition		
U	redical examiner)	erc.	i.r				
OF INJURY	Month) (Doy) (Year)		INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?		
(APPROX.)		Wh	rile At Nat Whi				
-	. (1) (.)				(5 51.		
	not (1) (this hospital				19 67 10 7	19.67	
that (1) (we) 10	ast saw the decease	d alive on	1114	19 67 ond th	ot in(my) (our) api	nion death accurred on the dat	
ond haur and f	ram the couses stat	ed above. (I) (We) Wid (did nat)	view the bady after death.			
23A. SIGNATURE						238. DATE SIGNED	
11	V/A.	+	M.D. Att	ending Med.	Stoff V	7-11/7	
Harry	I / Jam	lust	Phy		Phys.	1-4-6/	
NAME (Typ	el	,		23D. ADDRESS			
Ha	rry K. Gen	ont	M.D.	The Johns	s Hopkins	Hospital	
4A. BURIAL CREM	TTY K. Gen	24C.N	AME of CEMETERY of CR			ty, town, or caunty) (State)	
REMOVAL (Spe		67 D-7	timomo Notion	ol Cometany 550	Trederick	Road Balto, Md	
Burial			timore Nation				
25A. DATE REC'D B		ZSB. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS	
	JUL 6 1967	Color	5 E. Jankey M.S	The Dippel In	C TOOO E TO	moard Street	
VS 150-REV. 1/1/65							

CHARLET MARYLAND

BALTIMORE

1 760 BROOKVIEW ROAD

WIDOWED WHITE

Micholes Ellinghaus

Housewife,

11-5-15

Baltimore, Maryland. U.SPA.

Margaret O'Leary

Mizebeth Alimen 1619 French Ave Belto 21,

HYPERCONCEMIN 3° TO PROYE

3400 11

twenty & provok



6. RACE

done during nost of working life, even if retired) utal

BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)

FULL NAME DE HOSPITAL DE INSTITUTION

Male

13. FATHER'S NAME

5. SEX

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN

Negro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF I

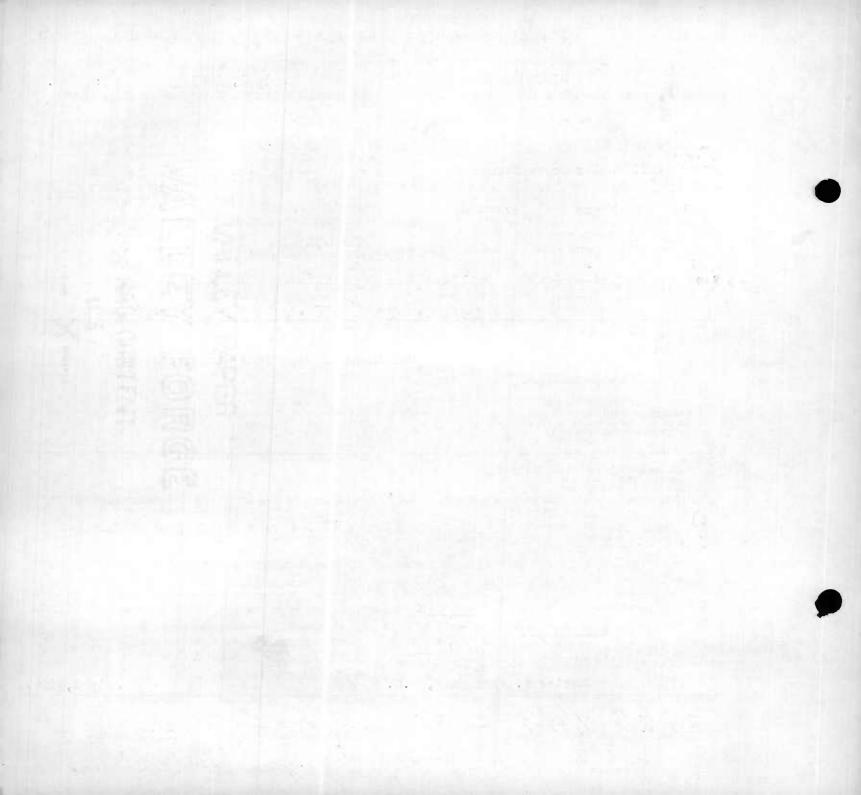
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)

1521 Poplar Grove Stree

MEDICAL EXA

MILTON DORSEY	July 1, 1967 7:40 A.
RE, MARYLAND, WHERE PRONOUNCED DEAD	JULY 1, 196/ /:40 A. M.
MARIENTO, WILLE TROPOGRADO DELO	A. STATE Maryland
F NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore 6
	D. STREET ADDRESS (If rurol, give locotion)
Poplar Grove Street	1521 Poplar Grove Street
CE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs Months, Days, Hours, Min.
Negro Married	April 29,1917 50
ON (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	1711. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
olife, even if retired)	Bastimuse Mx,
	14. MOTHER'S MAIDEN NAME
hasler Darsey	Emma queen
ER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
211-013201	Kith Massey Same
CAUSI	E OF DEATH INTERVAL BETWEEN
CONDITION DIRECTLY	ONSET AND DEATH
DING TO DEATH	inoma of esophagus with metastases
eon the mode of dying e.g., nio, etc. It meons the disease, tion which coused death.)	
CEDENT CAUSES	
ONDITIONS, IF ANY, GIVING DUE TO DUE TO ONDITION LAST.	
(C)	
II ANT CONDITIONS CONTRIBUTING I'H BUT NOT RELATED TO THE NDITION CAUSING IT.	
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
RATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED	No
WAS PERFORMED	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
USE WAS 218. PLACE OF INJURY (e.g., home, form, foctory, street,	

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WI WAS PERFORMED MEDICAL 21A. EXTERNAL CAUSE WAS 21 B. PL UNDERLYING OR CONTRIBhome, UTING CAUSE OF DEATH. etc.) 21 D TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.) I certify that I held on Inquiry ... Inspection X Autopsy and that on this bosis, deoth in my opinion resulted from: Notural couses X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE EXAMINER'S ASSOCIATE MEDICAL EXAMINER Charles S. Springate, M.D. July 1, 1967 NAME (Type) 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OF CREMATORY 23D. LOCATION (City, town, or county) REMOYAL (Specify) 248 NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS VS 151-REV. 1/1/65



VS 150-REV. 1/1/65

IRTH NO. A.E. CASE NO.	CERTIFICA	ATE OF DEATH Register	ed No. D. 2. 0470
NAME OF DECEASED M		2. DATE AND HOUR OF	
MAUD MAY SCH	ILE IN		7 1:35 A. A
		MARY LAND	B 10 82 P
HOSPITAL OR oddiess or location		C. CITY OR TOWN (If outside city limits	s, write RURAL ond give township)
ST. AGNES WILKENS &	HOSPITAL	BALTIMORE	53-00
HO BALTIMORE,	HOSPITAL CATON AVES. MD. #29	D. STREET ADDRESS (If rurol, give loca	2 14
SEX 6. RACE	7. MARRIED. NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In ye	Apt. B.
FEMALE WHITE	WIDOWED DIVORCED (specify)	lost birthdoy)	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of wor		1-17-95 72 Y 11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF
HOUSEWIFE	NONE	MARYLAND	U.S.
3. FATHER'S NAME	HOIL	14. MOTHER'S MAIDEN NAME	0.0.
ROBERT WARFIELD		LAURA APPLEBY	
5. Was Deceased Ever in U. S. Armed Fo Yes, no or unknown) (III yes, give wor or dot	es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	None	ST AGNES HOSPITA	L WILKENS & CATON
18. 2 60 X		OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DI	RECTLY	6 1 0	ONSET AND DEATH
LEADING TO DEATH	(A)	C.V.A	
(This does not mean the made at heart foilure, asthenia, etc. It means	dying, e.g., DUE TO		
injury or complication which coused	deoth.)	all reterlaid	tua
ANTECEDENT CAUSES	DUE TO	0.2000000000000000000000000000000000000	
DISEASES OR CONDITIONS, if			
UNDERLYING CONDITION lost.	· - : иман и форон он-		0 T - TT T 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Z OTHER SIGNIFICANT COMPLETONS	CONTRACTION		
TO THE DEATH BUT NOT REL	ATED TO THE		
	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES	, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 198. CON WAS PER	RFORMED	IN CERTIFY	ING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., home, larm, loctory, street, etc.)	in or about 21 C. WHERE DID (II in office bldg., INJURY OCCUR?	Boltimore City, give exact location)
Q 21 D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S (APPROX.)	While At Not Wh	hile	
	Work At Wor	-22-67	JULY 3 19.67
	d) ottended the deceased from	19	
			our, opinion occurred on the do
23A. SIGNATURE	ted obove. (1) (We) (did) (did not)	view the body offer deoth.	23 B. DATE SIGNED
Mi device	M.D. A	ttending Med. Stoll	233.07112
23C. PHYSICIAN'S	1° P1	23D. ADDRESS	
NAME (Type)	M.D.	Tarati and an acceptant	A WILVENC & CATON
FEDERICO PO	24C. NAME of CEMETERY OF C	SI. AGNES HUSFITA	(City, town, or county) (State)
REMOVAL (Specify)			
Burial 7/6/6	7 Loudon Park Ceme	tery Baltimor	e, Maryland
JIII 6 1967 /	DO B & FORMA		107 Wilkens Ave. 21229

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THE PROPERTY.

MOTE OF SEPTEMBER OF SERVICE SERVICES OF S

Agentus - Lesty Mysterianii asheki, pi

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17 1101/2 67 60/1	A TE OF DEATH Registered No. 67 6471
M.E. CASE NO.	ATE OF DEATH
(Type or Print) FOX, BABY BOY Dale Michael	JULY 3, 1967 5:20A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A, STATE B. COUNTY
FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddiess or location) INSTITUTION	MARY LAND C. CITY OR TOWN (If outside city timits, write RURAL ond give township)
// ST. AGNES HOSPITAL	BALTIMORE, MARYLAND 21227 53-00
40 Adives Host TAL	D. STREET ADDRESS (If juiol, give location) 5512 THOMAS AVE.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min,
MALE WHITE NEW BORN	7/2/67
IDA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTION done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
NEW BORN	BALTIMORE, MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH FOX	SUSAN FREY
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no oi unknown) (If yes, give woi oi dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
NONE	ST. AGNES HOSPITAL
18. 7 6 2 , 5 I CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO	Low Bith Weight
heart foilure, asthenio, etc. It meons the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES (B)	on Buth weight
DISEASES OR CONDITIONS, if any, giving	0
rise to the above cause (A) staling the (C) UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g.	a, in or obout 21 C. WHERE DID (If in Bothmore City, give exact tocotion) office bldg., NJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX) While At Work Not W	
	JULY 2, 19 67 to JULY 3 1967
that (I) ((we))ast saw the deceased alive an JULY 3	19 67 and that in(my) (our) opinion death accurred an the date
and haur and fram the causes stated above. (I)(We) (did) (did nat)	
23A. SIGNATURE	238. DATE SIGNED
PRVVVPMPRVMPRV ATION STILL M.D. A	Attending Med. Stoff V
23C. PHYSICIAN'S	Phys. Director Phys. A 21229
NAME (Type) JOYCE M. BOYD	CT ACHEC HOSP CATON S WILKENS AVES
24A- BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of C	
Burial 7-6-1967 Baltimore Nation	
25A, DATE REC'D BY HEALTH DEPLOT 7 256 NAME OF REGISTRAR.	25C. FUNERAL DIRECTOR ADDRESS
25A. DATE REC'D BY HEALTH DEPT 96 7 256 NAME OF REGISTRAL	Howard H. Hubbard, 4107 Wilkens Ave. 21229
VS 150-REV, 1/1/65	MONARA II. MADDALA, TEO/ HERCOM PATE ALLEN

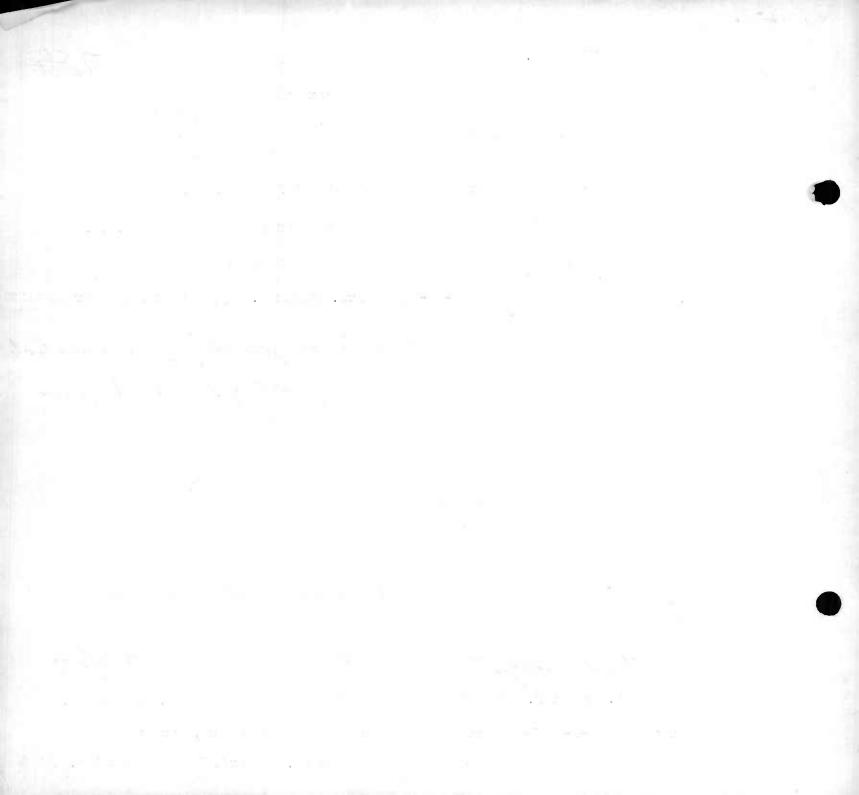
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and the grant of t

STATE STAND IN THE SECOND STANDS

. NAME OF DEC		0	DOVOE		ND HOUR OF DEATH	
	OTIS		BOYCE		e 30, 1967	75 PM
. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe	ere deceased lived. If i	nstitution: residence before odm(ssion)
FULL NAME O			give street	Maryland		
HOSPITAL OR	oddress or tocolio	n)			stside city limits, write	RURAL ond give township)
	1840 Rams	or Ctro	h.t	Baltimore		9-04
00	1040 Railis	sey stre	ec		rurol, give tocotion	
00					sey Street	
Male Male	White	WIDOWED	NEVER MARRIED D. DIVORCED (specify) (arried	B. DATE OF BIRTH July 2, 1915	9. AGE (In years lost birthdoy) 51	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	UPATION (Give kind of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
				North Carol:	ina	U.S.A.
FATHER'S NA	ME		_	14. MOTHER'S MAIDEN NA	ME	
Mi	llton Boyce			Viola S	pivev	
. Wos Deceased	d Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT	· - J	ADDRESS
Yes.	n) (If yes, give wor or dote	es of service)	226-16-9738	Mrs. Violet B	. Ney, 312	Wessling Circle 212
1B. 4	20111	4	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
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ger.	67 64	BALTIMORE CITY	HEALTH DEPARTMENT	CD GADA
	BIRTH NO.	CERTIFICA	TE OF DEATH Registered No	. 01 041
	M.E. CASE NO. 1. NAME OF DECEASED (Type of Print) PROWZNI	K, RICHARD	2. DAJE AND HOUR OF BEAT	2:2 5 P
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)
	FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location)	ion, give street	MARYLAND C. CITY OR TOWN (If outside city timits, write	Bulla and give towashin
	ST. AGNES H	OSPITAL	BALTIMORE	53-00
	40		D. STREET ADDRESS (If jurol, give location) 4420 ALAN DRIVE 21	229
	S. SEX 6. RACE 7. MARI MALF WHITE WIM	RIED, NEVER MARRIED	B. DATE OF BIRTH 8/24/43 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIN			12. CITIZEN OF
	AIR CONDITION FR	OSTY REFREGER	ATION MARYLAND	U.S.A.
	13, FATHER'S NAMSPECIALIST	CO	14. MOTHER'S MAIDEN NAME	
	JOHN PROWZNIK		LEONA GEIGER	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war ar dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	YES	219-38-500	4 ST. AGNES HOSPITAL	RECORDS
	18.530XI	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAN	och obota ob a - com	
	(This does not mean the made of dying,			
	heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)	ase,		
	ANTECEDENT CAUSES	(B) NOV	whose right cerebra	
	DISEASES OR CONDITIONS, if any, gi	ving	- land and and	
	rise Ia The above cause (A) stating UNDERLYING CONDITION last.	The (C)	ipping control with	
	- 11			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
	DISEASE OR CONDITION CAUSING IT.		120A AUTOBONG (V his) 208 IF MEE MEE	CINDING CONCIDENT
	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n at about 21C. WHERE DID (If in Boltim ffice bldg., INJURY OCCUR?	ore City, give exact tocotion?
	O 21D, TIME (Month) (Dov) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	OF INJURY	While AI Not Whill At Work	e	
	22. I certify that (1) (this hospital) attend	ed the deceosed from	JULY 3 19 67 10 JL	JLY 3 19 67
	that (I) (we) last saw the deceased alive	an JULY 3	19 67 and that in(my) (aur) o	pinion deoth occurred on the date
	and hour and from the couses stoted obov	re. (1) (We) (did) (did not) v	riew the body ofter deoth.	
	23A. SIGNATURE	,		238. DATE SIGNED
	Jours V. deltale	Phy	·	713/67
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1641
	JAIME V. DEL	DILAP M.D.	ST. AGNES MOST	THU
	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24	C. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION	City, town, or county) (State)
	Burial 7-7-1967	Baltimore Nation		
	25A, DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS 7 Willens Ave 21220
ĺ	HI 6 1967 A 0	62 FarleyMA	Howard H. Hubbard, 410	/ WIIKERS AVE. 21229
	VS 150-REV. 1/1/60000	THE PARTY OF THE P		

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FUNERAL DIRECTOR: IMPORTANT

ypo	or Print)	Ray I. Sti	rough Sr.	July 3, 1967	8'30 1			
. PLA	CE OF DEA	TH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where doceosed lived, if institution; residence before admission				
FULL NAME OF (It not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION				Maryland Baltimor				
4	10	rland General	Hospital	Dundalk D. STREET ADDRESS (If rurol, give locotion 3005 Dunmurry Rd.	53-00			
s ex	Le	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spocify) Married	B. DATE OF BIRTH 11/2/02 9. AGE (In yeors lost birthdoy) 61	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.			
one d	uring most of v	IPATION (Give kind of work working life, even if retired) Engineer,		11. BIRTHPLACE (State or foreign country) New York	12. CITIZEN OF WHAT COUNTRY?			
	THER'S NAM			14. MOTHER'S MAIDEN NAME				
(Carlos	Strough		Anna Nelliger				
S. Wa les, no No	s Deceasod o or unknown)	Ever in U. S. Armod Ford (If yos, give wer or dote:	16. SOCIAL SECURITY NO. 074-03-1407	17. INFORMAN(Wife) Mrs. Mary Strough, 3005	Dundalk, Mass Dunmurry Rd.			
18	DISEAS	E OR CONDITION DIR	CAUSE O	Pennsy Lean	INTERVAL BETWEEN ONSET AND DEATH			
	jury ar cam	asthenia, etc. II means plicatian which caused ANTECEDENT CAUSES		namus cell la Tongu	er 20 mos			
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Are DICAL CERTIFICATION OF 121	ISEASES OF THE SIGNIFORM OF THE DISEASE OF THE DISE	Plication which caused ANTECEDENT CAUSES R CONDITIONS, if a bave cause (A) CONDITION last. II FICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING TOPERATION 198. CON WAS PERFITTING CAUSE OF	death.) (B) DUE TO DUE TO ONTRIBUTING T. ONTRIBUTING T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (o.g., in home, form, foctory, street, of otc.)	NO n or about 21C, WHERE DID (If in Bol linjury occur?) 21F. HOW DID INJURY OCCUR?	PERE FINDINGS CONSIDERED CAUSES OF DEATH?			
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D	ISEASES OF THE SIGNIFORM AND ALL OF THE OFFICIAL	Plication which caused ANTECEDENT CAUSES R CONDITIONS, if a bave cause (A) CONDITION last. II FICANT CONDITIONS CATH BUT NOT RELACIONDITION CAUSING IT OPERATION 198. CON WAS PERFORMED CAUSE OF modical examinet (Month) (Day) (Yoor) that (I) (this haspital lost sow the decease from the causes state Reformed CAUSE STATE CAUSE OF CAUSE	ONTRIBUTING STATE TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., in home, form, foctory, stroet, of otc.) (Hour) 21E. INJURY OCCURRED While At Not While Mork At Work At Work At Work A Olive on Occurred A Olive on Occurred While At Mork A Olive on Occurred A Olive	NO NO IN CERTIFYING IN CERTIFYING In or about 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	VERE FINDINGS CONSIDERED CAUSES OF DEATH? timore City, give exact location)			
D	ISEASES OF THE SIGNIFICATION OF THE SIGNIFICATION OF THE DISTRICT OF THE DISTR	Plication which caused ANTECEDENT CAUSES R CONDITIONS, if a bave cause (A) CONDITION last. II FICANT CONDITIONS CATH BUT NOT RELACIONDITION CAUSING IT OPERATION 198. CON WAS PERFORMED CAUSE OF modical examinet (Month) (Day) (Yoor) that (I) (this haspital lost sow the decease from the causes state Reformed CAUSE STATE CAUSE OF CAUSE	ONTRIBUTING Staling the (C) ONTRIBUTING T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (o.g., in home, form, foctory, stroet, of otc.) (Hour) 21E. INJURY OCCURRED While At Not While Work At Work od olive on 30 40 41 41 41 41 41 41 41 41 41 41 41 41 41	NO nor obout 21C, WHERE DID fisco bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 5 to 19 7 and that in (my) (***) riew the body after death.	VERE FINDINGS CONSIDERED CAUSES OF DEATH? timore City, give exact location) Popinian death occurred an the death occurred and the death			
OF T D 199 199 199 199 199 199 199 199 199 1	ISEASES OF THE SIGNIFORM AND ALL OF THE OFFICIAL	ANTECEDENT CAUSES R CONDITIONS, if conditions are couse (A) abave couse (A) a	ONTRIBUTING Staling the (C) ONTRIBUTING T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (o.g., in home, form, foctory, stroet, of otc.) (Hour) 21E. INJURY OCCURRED While At Not While Work At Work od olive on 30 40 41 41 41 41 41 41 41 41 41 41 41 41 41	No nor obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 5 to 19 7 and that in (my) (see the body after death. 22D. ADDRESS 836 Park Ave. Baltimore	VERE FINDINGS CONSIDERED CAUSES OF DEATH? timore City, give exact location) Popinian death occurred an the d 23B. DATE SIGNED 7/3/67			

Sprange We forget - 20 me The rest was a state on the state of the Monitor . Select or a fire with the state was alreading to

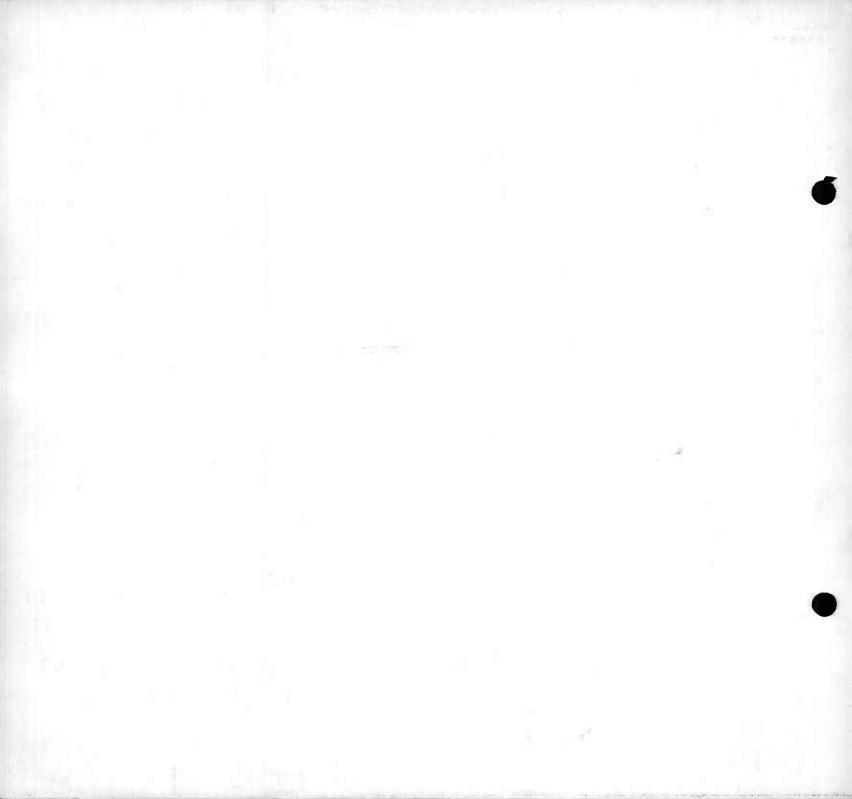
V\$ 150-REV: 4/1465

B-652

67 6477 BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 6477

M.E. CASE NO.					
1. NAME OF DECEASED		2.	DATE AND HOUR PRONOUNC	CED DEAD	
GERALD BARNES			July 5, 1967	6:50 a M.	
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A. STATE B. COUNTY			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		c. City or town	(If outside corporate limits, writ	te RURAL and give township)	
NSTITUTION	(11317)			2/21/	
Och Asses Hamital			imore S (If rurol, give location)	26-34	
St. Agnes Hospital		500 Hor	ners Lane		
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.	
	WIDOWED, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.	
Male White	Married	August 1,		12. CITIZEN OF	
lone during most of working lite, even if retired)	KIND OF BUSINESS OR INDUSTR			WHAT COUNTRY?	
Barber		New York		U.S.A.	
3. FATHER'S NAME		14. MOTHER'S MAIL	DEN NAME		
Leo Barnes		Elizabe	eth McGregor		
5. WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT		ADDRESS	
Yes, no or unknown) (If yes, give wor or dote Yes Korean	security No. 091-24-0411	Elizabeth	n Barnes - wife	- same # 4 above	
1B	CAUS	E OF DEATH		INTERVAL BETWEEN	
1 200K/1 /1				ONSET AND DEATH	
DISEASE OR CONDITION DE	RECTLY				
(This does not mean the mode of	dving e.g. (A) Cr	aniocerebra	l injuries		
heart failure, asthenia, etc. It means injury or complication which coused	the disease.				
ANTECEDENT CAUSE	(P)			The second second	
DISEASES OR CONDITIONS, IF	ANY, GIVING DUE TO				
RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.					
Z	(C)				
2					
OTHER SIGNIFICANT CONDITIONS					
TO THE DEATH BUT NOT RE					
	NDITION FOR WHICH OPERATION	20A. AUTOPSY? ()	(es or No) 20B. IF YES, WERE F	INDINGS CONSIDERED	
WAS PER	RFORMED		IN CERTIFYING CAU	ISES OF DEATH?	
ZIA. EXTERNAL CAUSE WAS	218 PLACE OF INTURY (e.g.	in or about 21 C WH	ERE DID (If in Baltimore City, g	YES	
	home, form, factory, street,	office bldg., INJURY O	CCUR?	ave exect tocolon,	
UNDERLYING OR CONTRIB-	Road	Ma	ryland Rte. 32 3	,000 ft. East of	
(Vionin) (Dov) (led	or) (Hour) 21E. INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?		
OF INJURY (APPROX.)		WHILE		Berger Rd.	
7 1 67	9:55m. WORK LAT W	VORK X cyc]	e accident	62 20	
	Inquiry Inspection Au	tapsy X and t	hot on this basis, death in	my apinion	
resulted from: Notural co					
resulted from: Notorol Co	Accident N Solete			161	
ACTUAL 6	Wall -		ICAL EXAMINER	DATE SIGNED	
ACTUAL SIGNATURE	Maller M.D	ASSISTANT MED	ICAL EXAMINER		
EXAMINER'S	1110		DICAL EXAMINER		
	11 S. Fisher, M.D.			y 5, 1967	
23A. BURIAL CREMATION, 23B. DATE	23C. NAME of CEMETERY	or CREMATORY		, town, or county) (State)	
REMOVAL (Specify)	1067 Daniel 11	C	Dealer 111	Manhanan	
Burial July 7,				Montgomery, Md.	
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL		ADDRESS	
JUL 7 1967	Robert E. Farluma	Tyson V	Theeler Funeral H	omeRockville, Md.	
VS 151-REV. 1/1/65 8 5 6	127100	8 0 E		1	

CARL - NAME OF COMMENT OF COMPANY IN COMPANY OF COMPANY The color of the c



B-652

24A. DATE REC'D BY HEALTH

VS 151-REV. 1/1/65

24B, NAME OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 65-11077 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD STACEY BARNES

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY Maryland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Baltimore
D. STREET ADDRESS (If rural, give lacotion) SINAI HOSPITAL 2550 Druid Park Drive 5. SEX 6. RACE MARRIED, NEVER MARRIED 9. AGE (In years last birthday) If Under 1 Yr. If Under 24 Hrs. WIDO WED, DIVORCED (specify) Manths, Days, Haurs, Min. Female Colored 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF dane during myst af warking life, even if retired) WHAT COUNTRY? WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SO CIAL es, na arunknawn), (If yes, give war ar dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hemoperitoneum (This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES (B) Gastric and hepatic lacerations DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Fracture of left temporal bone NO and left humerus OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 19A, DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, affice bidg., NJURY OCCUR? MEDICAL 21A. EXTERNAL CAUSE WAS (If in Baltimare City, give exact lacation) UTING CAUSE OF DEATH. Street Druid Park Dr. West of Hillside Pl. 21D TIME 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? (Month) (Day) (Year) (Haur) OF INJURY 7 a m. WHILE AT NOT WHILE Pedestrian struck by auto InspectionX I certify that I held an Inquiry Autopsy and that an this basis, death in my apinian resulted fram: Natural causes Accident X Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER X DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S Russell S. Fisher, M.D. NAME (Type) July 5, 1967 23A, BURIAL CREMATION, 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, tawn, ar caunty) REMOVAL (Specify)

FONERAL DIRECTO

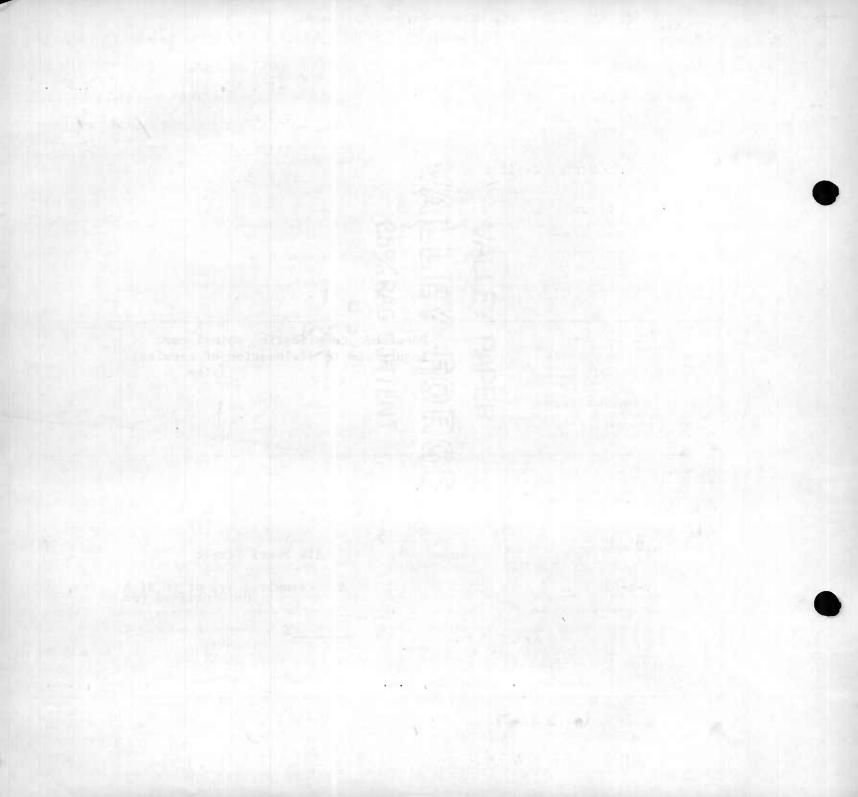
ADDRESS

Lacte Hickory Solve B. malus Euros Paris The Between Parties Alexander Street Evenil 7/8/87 Mit auchen Con Bucto . Prist 7-460 BIRTH NO. 6480

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH Registered No.57	648
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M.E. CASE NO.								
1. NAME OF DECEASED					2. DATE AND	HOUR PRONOUNCE	D DEAD	
(Type of Time	RO	BERT I	YLER	June 12, 1967 3:15 A. M.				
3. PLACE IN BALTIMORE	MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESIDE	NCE (Where de	ceosed lived. If insti	tution: resi	dence befare admission)
FULL NAME OF (IF	NOT IN HOSPIT	AL OR INICEIE	TON ONE STATE	A. STATE B. COUNTY Maryland				
	DRESS OR LOCA	ATION)	UTION, GIVE STREET	C. CITY OR TOW	N (If outside c	orporote limits, write	RURAL o	nd give township)
Cas				T	Baltimore			4-07
91.			D. STREET ADDR					
Montebell	o State I	Hospital			318 Pear	Street		
5. SEX 6. RAC	E	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	If Unde	r 1 Yr, If Under 24 Hrs.
Male	Negro	WIDO WED,	DIVORCED (specify)			last birthday)	Manths	Days Haurs Min.
		100 (010 0	ALLEMANCE OR INIDIACT	DVII DIRELINI A GE /			10 000	
done during most of working		KIOB KIND OI	BONNESS OF INDUSTI	KTIII. BIKIHPLACE (S	otote or toreign	country)	12. CITIZ	AT COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME			
15. WAS DECEASED EVER			16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRES	S
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	give war ar aan	3 01 30111007	120011111101					
18.			CALLS	E OF DEATH				INTERVAL BETWEEN
1 to 1 8 c	5 1			onia compli	icating s	spinal core	1	ONSET AND DEATH
DISEASE OR	CONDITION DI	RECTLY		y due to di		_		12 A 1 - 1 1 1
(This does not me			(A) III JUI	y due to di	LSTOCALIC		LCal	
heart failure, asther	io, etc. It meons	the disease,	27/07/27/20/45			spine		
	DENT CAUSE		(B)			N. Committee		
DISEASES OR CO	NDITIONS, IF A	ANY, GIVING	DUE TO			*************************		
UNDERLYING CO								
Ö			(C)				•••••••••••••••••••••••••••••••••••••••	
E CTUST SIGNIFICAN	II	CONTRIBUTIO	10					
OTHER SIGNIFICATE	BUT NOT RE	LATED TO T						
OTHER SIGNIFICATION TO THE DEATH DISEASE OR CON 19A. DATE OF OPERA								
19A. DATE OF OPERA	WAS PER		WHICH OPERATION			B. IF YES, WERE FIN		
				Yes		¹ es		
O UNDERLYING OR CO	ONTRIB-	home	PLACE OF INJURY (e.g., form, foctory, street,	office bldg., INJURY	HERE DID (If i	n Boltimore City, giv	ve exoct l	ocotion)
UNDERLYING OR CO	DEATH.	etc.)	home		8 Pearl	Street	+ -	0.0
21D TIME (Mont	h) (Doy) (Yeo	r) (Hour) 2	1E. INJURY OCCURRED		W DID INJURY			
(APPROX.) 9-4-6	5	?	VHILE AT NOT	WHILE TY A	bollings	by or in	fich	t with two
22.	,,,	• m. V	VORK AT	WORK A	u	nidentifie	d men	t with, two
I certify the	ot I held on I	nquiry 🔲	Inspection A	utopsy X ond	that on this	bosis, deoth in m	y opinio	n
resulted fro	m: Noturol co	uses A	coldent Suici	de Homicid	le Y Und	letermined monne	r 🗆	
	001	0) ~ 0		DICAL EXAM			
ACTUAL	1 1. al 2	1						DATE SIGNED
SIGNATURE_	Consider	,0.0	M. C	ASSISTANT ME				
EXAMINER'S	Charle	s S. Sp	ringate, M.D	ASSOCIATE ME	EDICAL EXA	MINER	Glune	e 12 1967
NAME (Type)				AINE	HUMAI	DUAKU (111	AS ILAND
23A. BURIAL CREMATIO REMOVAL (Specify)	N, 23B. DATE	23	C. NAME of CEMETERY	or CREMATORY	23 D. LOC	ATION (City,	tawn, or	county) (State)
	6-2	3-67		UNI	AEKZII	Y MEDIC	AL	SCHOOL
24A. DATE REC'D BY HE	ALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERA	L DIRECTOR		7	ADDRESS
83 61	W 4007	1	0 7.0	4 24	OPTHA	DV CERT	71012	DCIID
VS 151-REV. 1/1/65	7 1967	Victorio	E, Farberta	<u> </u>	UNIUA	RY SERV	ILE	- RCHR
131-11111111111111111111111111111111111	1 2 0 6	121		W. W.	74			V



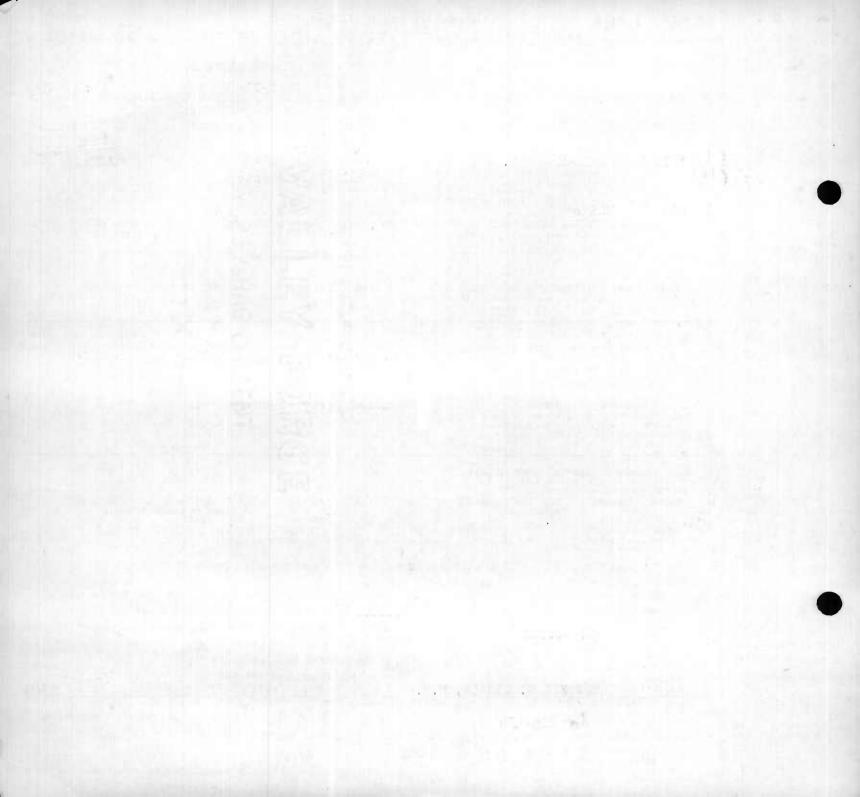
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BALTIMORE CITY HEALTH DEPARTMENT

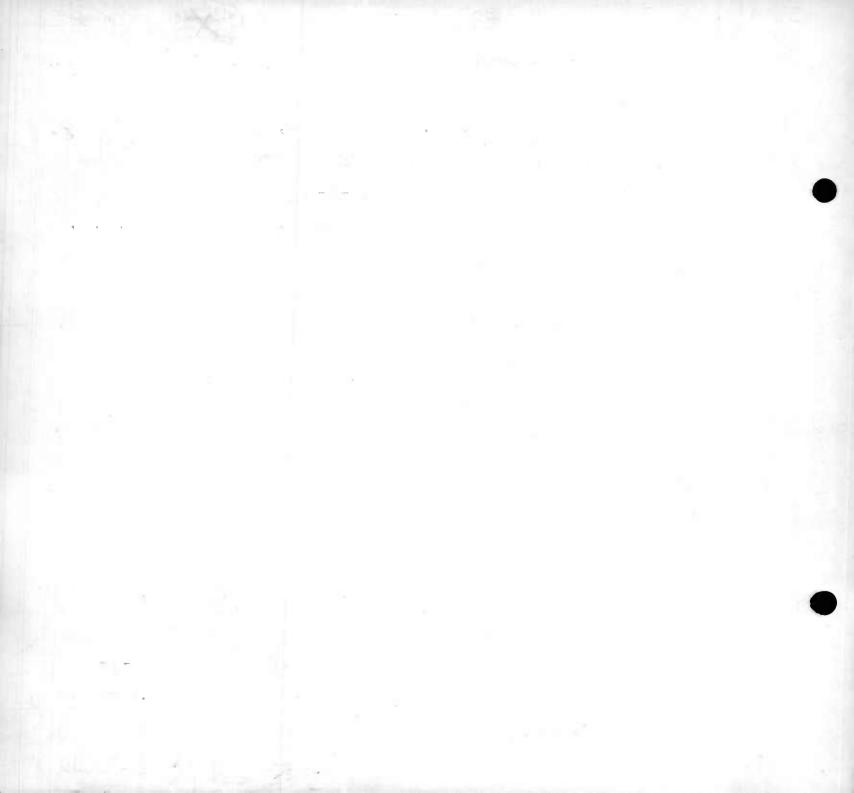
				CM
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.7

6481 .-

M.	E. CASE NO.							
	NAME OF DE	CEASED				2. DATE AND	HOUR PRONOUNCE	D DEAD
		RU'		BARRETT		5-31		12:30 PM M.
		TIMORE MARYLAND, V		JITON, GIVE STREET	Marylar	nd	B. COU	
HC	SPITAL OR	ADDRESS OR LOC	ATION)	JIION, GIVE SIKEET	C. CITY OR TO	WN (If outside	corporote limits, write	RURAL ond give township)
liv.	IIIOIIOI				Baltimo	ore		14-01
	1519	PARK AVENUE	- Amb. C	rew #4	D. STREET ADD	ORESS (If rurol, g	ive location)	
	()				1519 Pa	rk Avenu	e	
5.		6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIR		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
	emale	White					40	
		CUPATION (Give kind of working life, even if retired)	KIOB. KIND OF	BUSINESS OR INDUST	RY II. BIRTHPLACE	(Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NA	ME	1		14. MOTHER'S A	ALDEN NAME		
15.	WAS DECEAS	ED EVER IN U.S. ARME	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS
(Ye	s, no or unknow	n) (If yes, give wor or dot	es of service)	SECURITY NO.	4.00			
L								
	18.	3 O X 1		CAU	SE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION D	RECTLY					סווקבן אוס סבאווו
		LEADING TO DEAT	4	(A) Sub	arachnoid	and intr	acerebral h	emorrhage
	heort foilure	not meon the mode o	s the diseose,	DUE TO				
	injury or co	omplication which coused	deoth.)					
		ANTECEDENT CAUSE	S	Run	tured Berr	v aneury	Sm.	
		OR CONDITIONS, IF		(B) TO	carea berr	y aneary		
		HE ABOVE CAUSE (A) S	TATING THE					
z	ONDEREIT	NO CONDITION LASI.		(C)	***************************************			
9	-	11						
ERTIFICATION	TO THE	GNIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO T		**************************************			
RT		F OPERATION 198, COL		WHICH OPERATION	20A, AUTOPS	Y? (Yes or No) 2	B. IF YES. WERE FIN	IDINGS CONSIDERED
Ö	7	WAS PE	RFORMED		Yes	11	CERTIFYING CAUS	ES OF DEATH?
Y	21 A. EXTERNA	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.				re exact location)
MEDIC		OR CONTRIB-	home etc.)	, form, foctory, street,	office bldg., INJUR	Y OCCUR?		
2	21 D TIME	(Month) (Doy) (Yes	r) (Hour) 2	IE. INJURY OCCURRED	21 F. H	OW DID INJUR	Y OCCUR?	
	(APPROX.)				WHILE			
	22.		m. [V	VORK L AT	WORK			
		rtify that I held an	Inquiry	Inspection A	utapsy X ar	nd that an this	basis, death in m	y apinian
	resu	Ited fram: Natural co	uses X A	ccident Suici	de Hamic	Ide Ur	determined manne	e
				1	CHIEF	AEDICAL EXA	MINER V	
	ACTUA SIGNAT		1800-	When M.	D. ASSISTANT A	MEDICAL EXA	MINER	DATE SIGNED
	EXAMI NAME	(Type) RUSSELI		HER, M.D.	ASSOCIATE	NATOM	V BOARD	05 MARVIAND
	MOVAL (Speci		23	C. NAME OF CEMETERY	or CREMATORY	230: 10	CATION - City,	town, or county) " (State)
		BY HEALTH DEPT.	3-67	OF RECISTRAR	iU.	NIVERS RAL DIRECTOR	ITY MEDI	CAL SCHOOL
24				OF REGISTRAR				ADDRESS
	`		Revents 8	2. Falleyna		MORTU.	ARY SERV	VICE - BCHD
VS	151-REV. 1/1	/65			-			



VS 150-REV, 1/1/65



BIRTH NO. 67.12255 67	6483	TF OF DEATH	Registered Na	67 6483
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	,/:	2. DATE AN	D HOUR OF DEATH	2 35
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	NIXON	4. USUAL RESIDENCE (When		titutian: residence befare admissia
FULL NAME OF HOSPITAL OR address at location of the state		MARYLAND C. GITY OR TOWN (If out SALTIMORE		JRAL ond give township)
	ARRIED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr. , If Under 24 Hi
MALE COLORED 10A. USUAL OCCUPATION (Give kind of work 108, 1	IDOWED, DIVORCED (specify) IND OF BUSINESS OR INDUSTRY	6-27-1967	MENBORN gn country)	12. CITIZEN OF
dane during most of working life, even if retired)		MARYLAND		UNITED STATE
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	W.E.	UNITED STATE
15, Was Deceased Eyer in U. S. Armed Forces?	MIXON 16. SOCIAL	ALICE HAR	VEY JOA	MERUILLE ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of s	ervice) SECURITY NO.	m. 01 1/2		15 0 00
18.	CAUSE C	JAMO CUCLE H- M	upu - 1305	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not meen the mode of dying heart failure, asthenia, etc. It means the conjury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any,	g, e.g., DUE TO DUE TO DUE TO DUE TO DUE TO	ndis - Kespi n madurity	ratory a	ONS AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTENTS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING	IBUTING TO THE	20A. AUTOPSY? (Yes or No		NDINGS CONSIDERED
WAS PERFORM	ED		IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (nolify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, loctory, street, etc.)	in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exoct locotian)
21 D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)	While At Nork Work		URY OCCUR?	
22. I certify that (1) (this haspital) atte	ended the deceased fram		9ta	19
that (I) (we) last saw the deceased ali and haur and from the causes stated a			at in (my) (aur) apini	ian death accurred an the do
23A. SIGNATULE	/ M.D. Att	lending Med.	Stoff Phys.	23B. DATE SIGNED
23 C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS	Phys.	MARKE AND
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY A 1 0 240 L	OCATION TOTAL	, fowh, or county) (State)
(6-29-4)		JOHNS HO	PKINS MET	HCAL SCHOOL
25A. DATE REC'D BY HEALTH DEPT. 25B.	AME OF REGISTRAR	MORTUAR	Y SERVICE	BCHD
VS 150-REV. 12/05)	

Port Horse Street Colors Color

IRTH NO.	O I	6484				67 6484
A.E. CASE NO.		0101	CERTIFICA	TE OF DEATH	Registered No	. 01 0303
NAME OF DEC				,	D HOUR OF DEATH	
	KMIOTEK, Fran			7/4/		2:35 P
. PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN		institution: residence before admission
FULL NAME O			give street	Maryland Ba	ltimore Ci	tv
HOSPITAL OR	oddress or location		tion Mognital			RURAL and give Joynship
Veterans Administration Hospital 3900 Loch Raven Boulevard			Baltimore		6-00	
21					rural, give location)	
AFW	Baltimore, M		21218 NEVER MARRIED	514 South Dur		
Male	6. RACE		, DIVORCED (specify)	B. DATE OF BIRTH 7/16/09	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min,
	Caucasian		Married	11. BIRTHPLACE (State or fore)	51	12. CITIZEN OF
	working life, even if retired)	IUB, KIND OF	BOZINEZZ OK INDOZIKI	II. BIKINFLACE (Store of fore)	gn country)	WHAT COUNTRY?
Laborer-Truck Helper Trucking Compa			ing Company	Maryland		United States
FATHER'S NAN	A E			14. MOTHER'S MAIDEN NAM	ΛE	
Henry Kr	niotek			Julia Sawicka		
. Was Deceased	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT Vetera	ns Hospita	1 Records
Yes	3/11/42 to 8		218-05-60-04			altimore, Md. 2121
18. //	1	7 1742	CAUSE O			INTERVAL BETWEEN
100	E OR CONDITION DIE	RECTLY				ONSET AND DEATH
LEADING TO DEATH				inoma Left Lung		6 Mos.
(This does not meon the mode of dying, e.g., heart loilure, osthenio, etc. It meons the disease,						
	plication which coused					
/	ANTECEDENT CAUSES	i	(B)			
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	cobove couse (A)	sloting the	(C)			
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	FICANT CONDITIONS C					
			E			
	EATH BUT NOT RELA	f fa				
DISEASE OR	OPERATION 198. CON	IDITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERI	E FINDINGS CONSIDERED
DISEASE OR	OPERATION 198. CON WAS PER	IDITION FOR V		No	IN CERTIFYING C	AUSES OF DEATH?
DISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU	OPERATION 198. CON WAS PER	DITION FOR V	PLACE OF INJURY (e.g., in	7.7	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
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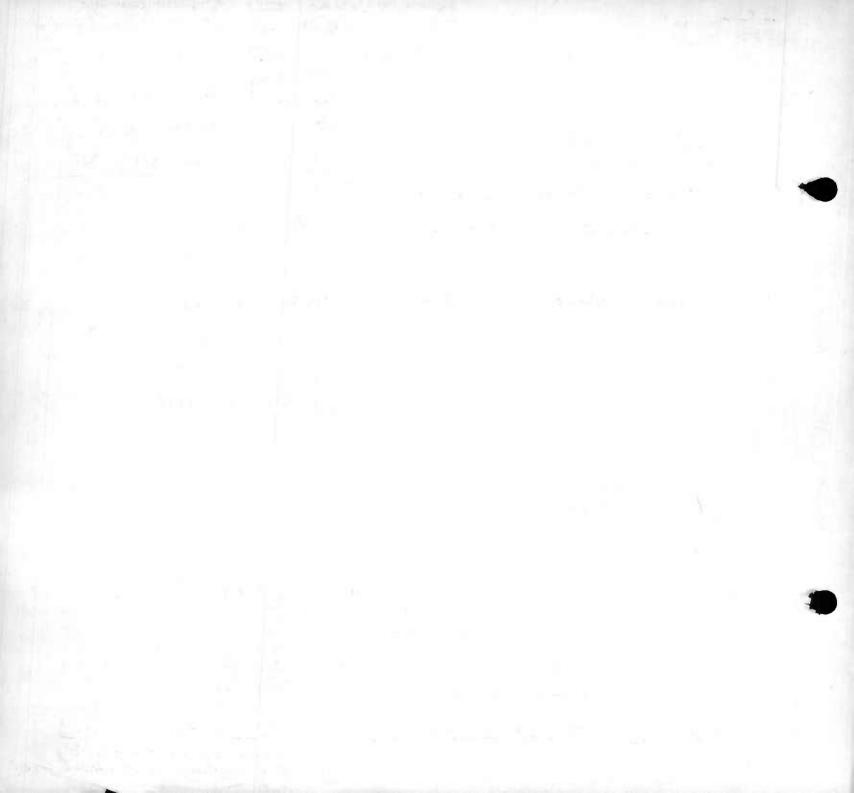
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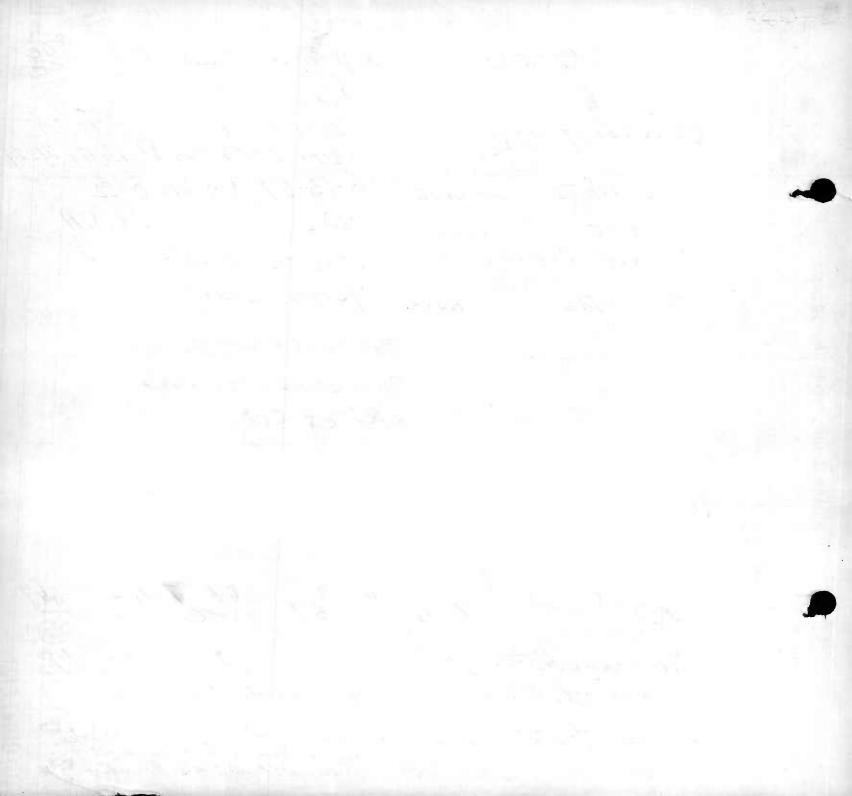
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



V\$ 150-REV, 1/1/65



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DIRECTOR

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- 67 6400	TY HEALTH DEPARTMENT	DE CARR
BIRTH NO. 67-12715 67 6488 CERTIFICA	ATE OF DEATH Registered No. 1	67 6488
Type or Print) Bate - Oal Bland (B	2. DATE AND HOUR OF DEATH	3:30 H
3. PLACE OF DEATH IN BALLMORE, MANUAND	4. USUAL RESIDENCE Where deceased lived, If ins	titution: residence before admissi
FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR address or location)	C. CITY OR YOWN (If outside city limits, write RI	I ma
INSTITUTION	C. CITY OR YOWN (If outside city limits, write RI	JRAL and give lownship)
Box Secours Hospital	D. STREET ADDRESS (If rurol, give locotion)	S-
SEX 6. RACE 17. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9, AGE (In years	If Under 1 Yr., If Under 24 F
WIDOWED, DIVORCED (specify)	1-4-67 (lost birthday)	Months Doys Hours Min.
0A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRION during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Maryland	USA.
3. FATHERS NAME ROBERT BLANKS	14. MOTHER'S MAIDEN NAME	
5. Was Deceased Ever in U.S. Armed Forces? Yes, ha or unknown (It yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	HOSPITAL Recd-	
18. CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ATTRATAVIA JOHNS	
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. II means the disease,	aunians, som	
injury or complication which caused death.)	The material	
ANTECEDENT CAUSES (B) DUE TO	- Jamanny Sty	
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)	<i>(</i>	
UNDERLYING CONDITION lost.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	P	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
U 2TA. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	, in or about 21C. WHERE DID (If in Boltimore office bldg., INJURY OCCUR?	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) Work At Wor	rk 🗀	
22. I certify that (I) (this hospital) attended the deceased from		19
ond hour and from the causes stated above. (1) (We) (did) (did nat)	19 6 7 ond that in (my) 6 up apin	ion death accurred an the c
23A. SIGNATURE		238, DATE SIGNED
aleyde a. Melocota M.D. A.	ttending Med. Stoff Phys.	7-4-67
PAME (Type) ALENOE A MELOCOTON M.E	De Bon Slever 2025	W Fourth
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	CREMATORY 24D. LOCANON (City	, town, or county) (State
Burial 15/67 AT Peters Co	em Balto	mo
SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDIMSS 1
JIII 7 1967 10 0 6 9 Fr. a. no	Thomas of lanny	noe pack

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BIRTH NO. 67	12740 67	0.100	TE OF DEATH	Registered Na	67 6489
M.E. CASE NO.	5		2. DATE AN	D HOUR OF DEATH	2.0
(Type or Print) BAC	34 GIRL S	COTT	6	-30-67	7 90 A.
3. PLACE OF DEATH I	N BALTIMORE, MARYLAND			re deceased lived. If in	stitution: residence before admission
FINE MANAGE OF	Mr to Essent - to M		Magica		
FULL NAME OF HOSPITAL OR	(If not in hospital or instit address or location)	ution, give street		tside city limits write	RURAL ond give township)
INSTITUTION			.7		78-0
BON 50	cours Ho	Spira		rural, give location)	5000
CON CO	-Duics // Du	1-11/76			11 Page
5. SEX 6. RA	CF 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	I If II- I- 1 V. If II I - 04 II -
		OWED, DIVORCED (specify)		lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
1- 4	U	:	6-28-67		37 4
one during most of working		ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Store or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
			MARVIAGE	2	
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	1
2	- 7	7	0.		
11455EL	- VACKIE	DOPST	SHIRLE	1 Sco.	TY
5. Was Deceased Ever fes, no or unknown) (If y	in U. S. Armed Forces? es, give wor or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	0 1	ADDRESS
		SECONIII NO.	16eas. LI	loda	
18.	1	CAUSE O	E DEATH		INTERVAL RETWEEN
1 4 12	3	CAUSE	T DEATH		ONSET AND DEATH
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	eon the mode of dying,	e.g., DUE TO	lemal un	George	
hearl failure, osthe	nio, elc. Il means lhe dis	seose,		<	:
injury ar complico	lion which coused deoth.)		2-16	/ 0	
ANTE	CEDENT CAUSES	(B)	Carport Co	4	
	ONDITIONS, if ony,				
rise to the ob	ove couse (A) slaling) The (C)	*********************************	· · · · · · · · · · · · · · · · · · ·	
ONDERENNO CO					
Z OTHER SIGNIFICAL	II CONTRIGUE CONTRIG	HTING			
E TO THE DEATH	NT CONDITIONS CONTRIE BUT NOT RELATED T	O THE			
DISEASE OR CON	DITION CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	OD IS MES WERE	FINANCE CONCINE
19A. DATE OF OPE	WAS PERFORMED)	ZOV. WO LOLZI: (162 of 140	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
2 2 A COLDENIA W	AS HALDERI WALCO	218 81 4 65 05 1111187/	1 1210 1411000 010	07.1 6.12	
OR CONTRIBUTING	CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(It in Boltimore	e City, give exact location)
DEATH (notify medi	col exominer)	etc.)			
	nth) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY		While At Not Whil	е		
		Work At Work	1/19	1	1/2/
22. I certify that	(1) (this hospital) atten	ded the deceased from		19 /1a	150 190/
that (1) (we) last	saw the deceased alive	an 6/50	19 7 and th	at in (my) (aur) api	nian death accurred an the dat
and have and from	n the course stated abo	ive. (1) (We) (did) (did nat) v			
23A. SIGNATURE	11110 000303 310100 000	ives (i) (iie) (did) (did iidi) (budy direr dedin.		23B, DATE SIGNED
/2.	77	M.D. AH	ending Med.	Stoff to	236, DATE SIGNED
150	201	Phy	s. Director	Phy s.	6/30/6
23 C. PHYSICIAN'S NAME Type	11/2	D.	23D. ADDRESS	. A	
Chino	1/ /67	MAR M.D.	2025 11 James	the Bon 1.	Cassas H
4A. BURIAL CREMANI	ON, 248. DATE. 2	AC. NAME OF CEMETERY OF CR	FAMATORY 12	DCATION (Ci	CEN 100
PENOVAL (Specifi	フバナ	+ n + n CENTERENT OF CK	4	D. C.	ty, town, or county) (State)
Milles	1-1/67	SI Ples en	etry 12	ello prig	
SA. DATE REC'D	EACH DEUCT ALB. N	AME OF REGISTRAR	250 FUNERAL DIRECTO	12	ADDRESS
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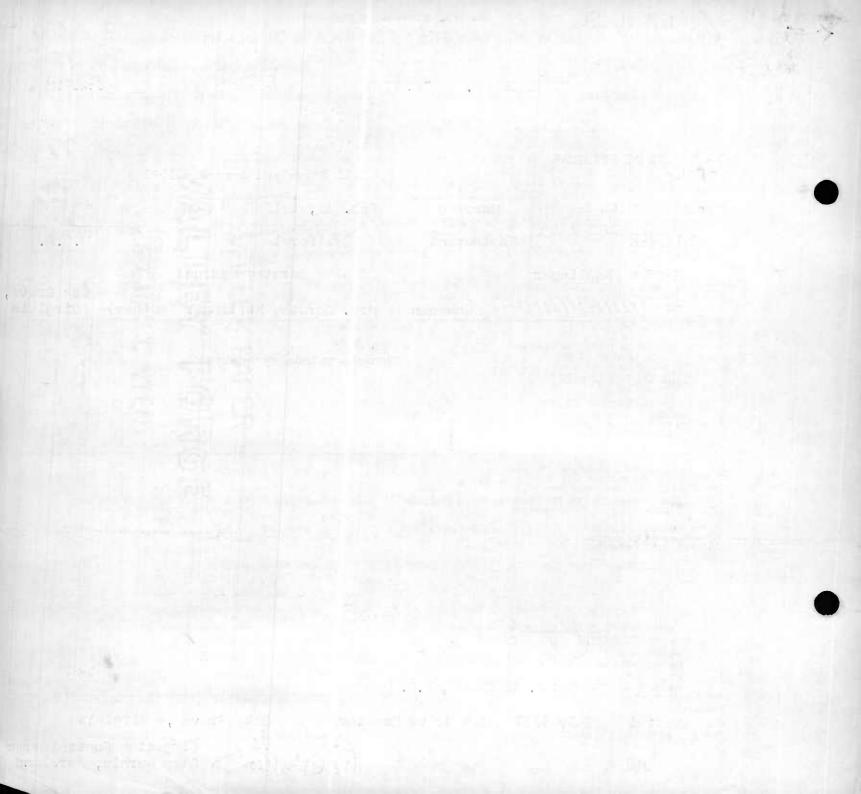
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BIRTH NO.

VS 151-REV, 1/1/65

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 5

M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD 7-5-67 GRIFFITH VIRGINIA 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A, STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give townshi HOSPITAL OR ADDRESS OR LOCATION) Baltimore SINAI HOSPITAL D. STREET ADDRESS (If rurol, give location) 5515 Groveland Avenue 7. MARRIED, NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years last birthday) If Under 1 Yr. If Under 24 Hrs. Months | Doys | Hours | Min. 6. RACE WIDOWED, DIVORCED (specify) 48 Feb. 11, 1919 Female White Married 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. done during most of working lite, even if retired) California Restaurant 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Dorothy Pearce Kaplinger Gordon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 6. SOCIAL Dak Grove. (Yes, no or unknown), (If ye SECURITY NO. Mrs. Dorothy Kaplinger (mother) Virginia unknown INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Chronic pulmonary emphysema (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUF TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)... CERTIFICATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21 A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 D TIME (Month) (Dov) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT AT WORK m. WORK 22. Autopsy X I certify that I held an Inquiry Inspection and that an this basis, death in my apinian resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 7-6-67 EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) CHARLES S. SPRINGATE, M.D. 23A, BURIAL CREMATION, 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial July 9/67 Dak Grove Cemetery Dak Grove . Virginia 24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 24 FUNGRAL DIRECTOR Singleton Funeral Home Glen Burnie, Maryland



of personner the Semant is say from the morning for BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs. Hours Min.

IMPORTANI DIRECTOR: FUNERAL by approved

V\$ 150-REV. 1/1/65

University of Maryland Hospital 910 Pardensell Rd. Mak Committed Married 1 Sept. 1898 68 Salesman Ketierd Viginia . wife Mr. Wildred D. Time Suph's Shork Proposition Albertacherthe Abdaminal Both's Hopenism ASSJUTE 18ET Abricanisal Province Hyporayson to hop + to to log pa # July

Traffig 5. Scapers, MD. chiv. of Md. Hosp.

VS 150-REV. 1/1/65

a hospital and

E CASE NO		649	CERTIFICA	TE OF DEATH	Registered No	- 67 6493
NAME OF DEC	CEASED			2, DATE AI	ND HOUR OF DEATH	Н
(ype or Print)	Mary O				y 2, 1967	
FULL NAME (ATH IN BALTIMORE, MA		give street	A. STATE B. COUR	ere deceosed lived, II NTY	institution: residence before admiss
HD SPITAL OR	oddress or location	1)		Balto.		RURAL and give township)
33	John Hopkins	Hosp.		D. STREET ADDRESS (IF 2915 McElder	rurol, give locotion)	
Fe.	White	WIDOWED	never MARRIED b, DIVORCED (specify) arried	Nov. 21, 1900	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
	UPATION (Give kind of work working life, even if retired) IIE	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore Md.	eign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
	Ever in U. S. Armed For		16. SOCIAL SECURITY NO.	17. INFORMANT	7	ADDRESS
no			216-09-8099	Graydon C. Ore	em (sa	MO)
DISEASES inise In In UN DERLYIN DTHER SIGN TO THE	asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (AIG CONDITION last.	death.) any, giving stating the	(c)	energy or		
	F OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	a) 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
. OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medicol exominer)	218 hom etc.	ie, lorm, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exoct locotion)
21D. TIME OF INJURY (APPRDX)	(Month) (Doy) (Yeot)		INJURY OCCURRED ile At Not Whi rk At Work	21F. HOW DID IN	JURY OCCUR?	
22. I certify	that (1) (this hospital) ottended t	he deceased from		19 64 to	7/1 1967
that (1) (we	lost sow the decease		6/1	19 67 ond the		plnion deoth occurred on the
	d from the couses sto	160 000 46. (1	(((dia) (dia not)			238, DATE SIGNED
	JRE		M.D. Att	ending Med.	Stoff	400 /
ond hour on 23A. SIGNAT	ius H Goo	DMAN	Phy		Phy s.	1/3/67
ond hour on	IUS H Goo	1- Pan	Phy M.D.	23D. ADDRESS	Phys.	1/3/47
ond hour on 23A. SIGNAT JUL 23C. PHYSICIA NAME (IUS H Goo	+ Sur	Phy	3400 6 B	alternore	
ond hour on 23A. SIGNATI 23C. PHYSICI. NAME (4A. BURIAL CRI REMOVAL BURIA	ANS (Specify) 248. DATE	(2)IC.N	Phy M.D.	3400 6 B	Balto. co.	

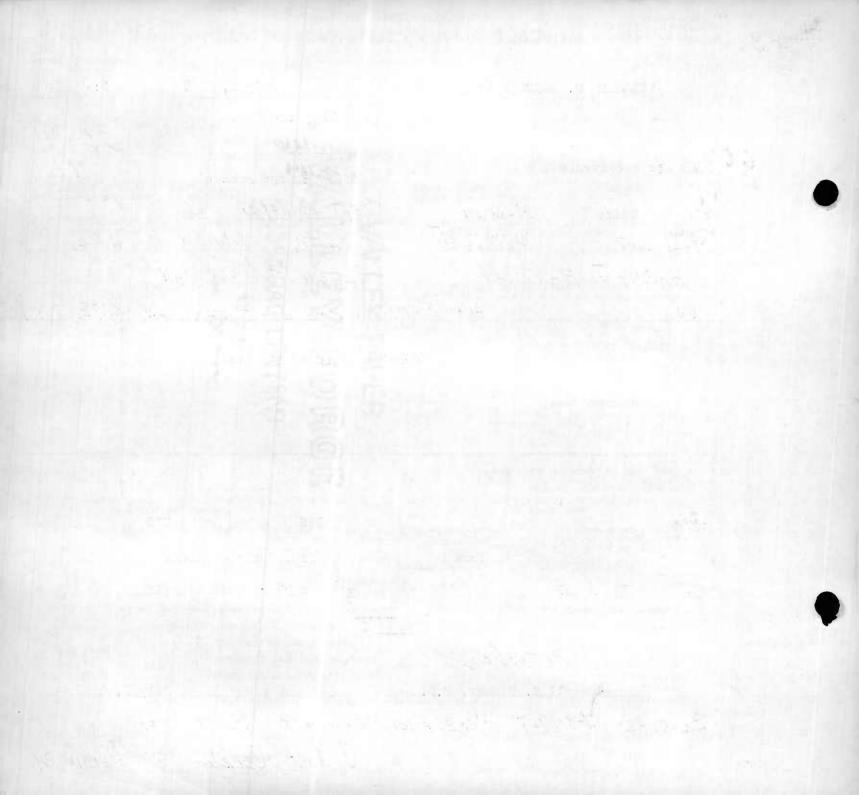


24B NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65



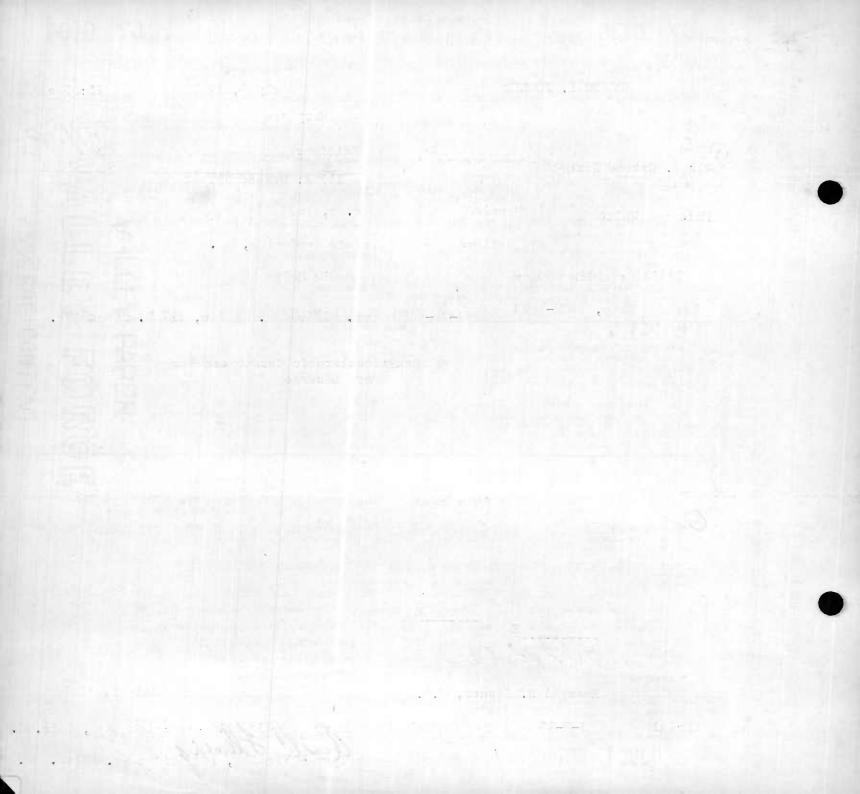
P	-620	67 6495 BALTIMORE CITY HEALTH DEPARTMENT	67 6495
1	T-TO-	CERTIFICATE OF DEATH Registered No.	0433
	hospital and ise of death (5) Deceased ance on the death. Such	I. NAME OF DECEASED 2. DATE AND, HOUR OF DEATH	
	de de con on on s	Type or Print) Samuel R. Barrett 7/5/67	9:30 AM
	of of Dec	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution	
	hospita ise of (5) Dec ance o death.	Tra d	
	a hos cause se; (5) andan to de	HOSPITAL OR address or location)	At and give township
	in a ng cau cause; attend ior to	INSTITUTION ROLL OF THE ROLL O	25-4
	d in ng caus	D. STREET ADDRESS (If rurgl, give locotion)	
	D.=_ L.	2508 Lakeland are 2508 Lakeland are	
	- 20 B		f Under 1 Yr. If Under 24 Hrs. Aonths; Doys Hours; Min.
	th occurr contribu letermine in regula eceased on is mad		Nonths Doys Hours Min.
	00 - 0		2. CITIZEN OF
	det det	done during most of working life, even if effect)	WHAT COUNTRY?
	ded t or Unc as e d	Santalion Norker 6 th Comployee Montres Wal N. Ya.	MA.A.
	if d rect (4) U wa the spos	1-00. 0 14 5	1
=	# · · · · · · · · ·	Welles Barrett Lula Rechmon	
4		15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	ADDRESS
E	ssista the kind dea ince final	no - 232-26-4666 Mrs-anna Barrett	More
ORTAN	if if any any darf	The 232-26-4666 MS-anna Barrett 18. /	INTERVAL BETWEEN
0	M H II E	TOISEASE OF CONDITION DIRECTLY	ONSET AND DEATH
3	_ S 0 5 ± 0	LEADING TO DEATH (A) Rheumatic Heart Visiles	Since april 1,65
		(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	
8	miner or fracture to prono gular a	injury or camplication which caused death.)	
2	E = T o D o	ANTECEDENT CAUSES (B) DUE TO	
ECT	Xan Kan Wh Wh	DISEASES OR CONDITIONS, if any, giving	
2		rise to the above cause (A) stating the (C) UNDERLYING CONDITION last,	
	medical edical eburns; (3 hysician n was irremains		
4	medical edical burns; hysicic n was	Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ZA	med phy phy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
ER	dy dy	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUSI	DINGS CONSIDERED
Z	by a 2) Body re the physici fore the	No.	IS OF BLAIM:
I	the all by (2) ere o ph	21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Baltimore C	ity, give exact locotion)
	アナッティコ	DEATH (notify medical examiner) etc.)	
		D 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While	
	hosp natu ept d (6)	(APPROX.) While At Not While At Work	
	0 0 7 2 5 5	22. I certify that (1) (this haspital) attended the deceased fram april 6, 1965 to July	5 1067
		1	
	of of all (h);		in death accurred on the date
	dent of death)	and haur and from the causes stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE	a DATE CLOSED
	must be a eleased to ccident of hospital to death) al must b	West S D Attending S Med Staff S	B. DATE SIGNED
	must be released accident a hospit r to dear		7-6-67
	as r as a at rior	23C. PHYSICIAN'S NAME (Type)	Al. 2.
	certificate moody was related in (1) An accide D.O.A. at a based prior to then approval	MORRIS B. SCHREIBER M.D. 1519 W. Combord to pace	genere ma.
	4 5 0 B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, REMOVAL (Specify)	town, or county) (State)
	This certif the body shows: (1) was D.O./ deceased written a	Buriol 7/9/67 Lutheran Cem. Widen W.7	10-
		25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	9 & DDRESS
	This the back was dece	JULY 1967 Releat & tarken John & howanston Inc	. Hollins ett.
		VS 150-REV. 1/1/65	23-md



F-46 O BIRTH NO.7 6496 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered NO.7

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6	/4	Ci	7,
O	44	0	8

M.E. CASE NO.	,,,,,,		., ., 12,10 0	LKTITICA		L /(III)			
Type or Print)	ECEASED		47.4		2. DATE AN	D HOUR PRONOUNC	ED DEAD		
Type or Film	JOSEPH E. F	OWI.FR			T., 1.,	5 1067		10.55	- 44
B. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	A. SIAIE		5, 1967 deceased lived. If ins B. COL	titutian: reside	ence befare a	dmissian
FULL NAME OF	F (IF NOT IN HOSPITA	AL OR INSTITU	JTON, GIVE STREET		aryland	e carparate limits, writ	e RURAL and	d give townsh	iip)
00				Balti D. STREET AD	more DRESS (If rural,	give lacation)		44.	0
11/ E.	Ostend Street			117	F Octo	nd Street			
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIL		9. AGE (In years last birthday)		1 Yr. If Under Days Hours	
Male	White	Marr	ied	Dec.22,	1903	63			
	CUPATION (Give kind of warl of warking life, even if retired)	Ret:					12. CITIZE	COUNTRY?	
3, FATHER'S NA		Me c.	1160	14. MOTHER'S	Frederick MAIDEN NAM	E PAGE			
	ie Franklin Fo			Mamie	e Helen				
Yes, no ar unknov	SED EVER IN U.S. ARMED	es of service)	16. SO CIAL SECURITY NO.	17. INFORMAN	T		ADDRESS		
Yes	Navy, 1920-	1923	253-20-4490		dred K.	Fawler, 11	7 E. Os	tend Si	-
1B.	22.11		CAUS	E OF DEATH				INTERVAL BE	
DISEASE RISE TO UNDERL	ANTECEDENT CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S' YING CONDITION LAST. II	S ANY, GIVING TATING THE	(B) DUE TO	Heart Dis					
TO THE	DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 1198. CON	LATED TO T	H E	20A. AUTOP	SY? (Yes at No.)	20B. IF YES, WERE FI	INDINGS CO	ON SIDERED	*****
0	WAS PER		William Greathon			IN CERTIFYING CAU			
UNDERLYIN	NAL CAUSE WAS G□OR CONTRIB- AUSE OF DEATH.	21 B. hame etc.)	PLACE OF INJURY (e.g., farm, factary, street,	in ar about 21C. affice bldg., INJU	WHERE DID	(If in Baltimare City, g	ive exact lac	cation)	
21 D TIME OF INJURY (APPROX.)	(Manth) (Day) (Yea		WHILE AT NOT NOT NORK	WHILE VORK	HOW DID INJU	JRY OCCUR?			
ACTU SIGNA	TURE		Accident Suicio	Hami CHIEF	MEDICAL EX	CAMINER -		DATE SIG	SNED
	INER'S (Type) RIISSE11 REMATION, 23B. DATE	S. Fis	her M.D.		MEDICAL E		July		State)
REMOVAL (Spe	cify)					224-72			
Buria.	D BY HEALTH DEPT.		New Cathedral		ERAU DIRECTOR		erick F	DORESS' Ba	atd.
	JUL 7 1967	Robert	E, Farbeyma	Flym	n & Flem	ing, 1427 L	ight St	. Balt	o. M
VS 151-REV. 1/	1/65	1	A ALL IN	A 2	1	-			



0

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Registered No	67 6497
HOUR OF DEATH	8.50 p.m.
deceased lived. If ins	S. 50 p. M. titution: residence before admission)
γ	12 114 18
ide city timits, write RI	URAL and give township)
	53-00
ural, give location)	
CHFIELD	
AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
62 CF	
n country)	12. CITIZEN OF WHAT COUNTRY?
	USA
E	
	ADDRESS
7 BEECHWOOD	RD., BALTO., MD.
, SEECHWOOD	
	INTERVAL BETWEEN ONSET AND DEATH
Edema	3 house
cover a	
0100	,
e lufanchi	m.
208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
III in Boltimore	City, give exact location)
RY OCCUR?	
67 . 7	2. 1967
	ion deoth occurred on the date
(y/ (ooi/ opin	ion decili occurred on the dote
	23 B. DATE SIGNED
Stoff 🔽	7.2.67
hys.	1.2.0/
Hoenda	0
or will ro	
CATION (City	, town, or county) (Stote)
BALTIMORE, I	MD.
	ADDRESS
, BROS 6010	REISTERSTOWN RD.

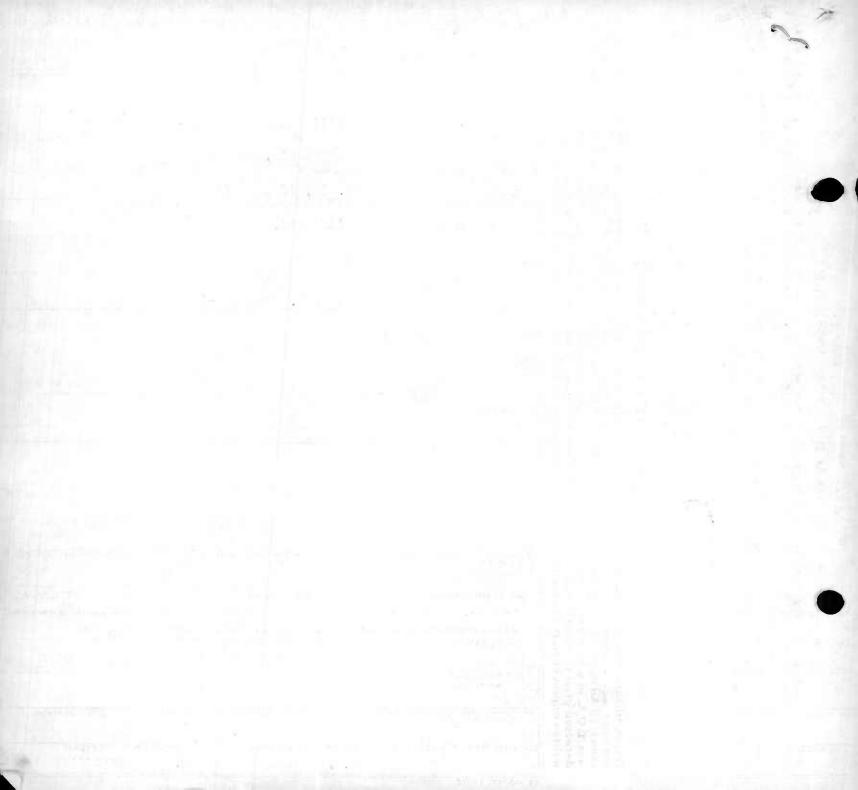
ESCHE FERNADOW

VS 150-REV. 1/1/65

SA-TIMORES SAMITAR OF TRAPPORT AME W100 WED 18/8/2 8 8 Per an o \$1441E \$005 N BERG. GASTECTINTESTIMAL MEMORRAGES CORCINONA STERMEN frakodates mance Ab BLLEIN LAND

VS 150-REV. 1/1/65

M.E. CASE NO.	6499 CERTIFICA	TE OF DEATH	Registered No	
Type or Print)	sie Chessler	2. DATE AND	3, 196	7 / A
PLACE OF DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Whate A. STATE 8. COUNTY	deceased lived. If	institution: residence before admissi
FULL NAME OF (If not in hospital	or institution, give street	Maryland		
HOSPITAL OR oddress or locotio	on)	C. CITY OR TOWN (If outside	de city limits, write	RURAL and give lownship)
Park Towers,	East Apts. ights Avenue	7111 Park He	ights Aver	rue Apt 408
7111 Park He	ights Avenue		rol, give location)	7-7-0-00
00		Baltimore, M	aryland	1/-10
Female White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. 10 Dec. 25, 1893	AGE (In years st birthdoy) 73	If Under 1 Yr. If Under 24 Hours Min
OA, USUAL OCCUPATION (Give kind of wordene during most of working life, even if retired)		11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Baltimore, Ma	ryland	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
Bernard Weinkr	007	Sheba?		
5. Was Deceased Ever in U. S. Armed Fo	rces? 16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dot	tes of service) SECURITY NO.			#
	UNKNOWN	Richard D. Ches	sker-1602	
18.420.11	CAUSE O	F DEATH	0 0	ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY	to the Million	al al	10 200
(This does not mean the made of	(A)	cute myocar	gur sya	roun 10 min
heart failure, asthenia, etc. It means		0	1	
injury ar camplication which caused	d death.)	took CV	Alalan1	1 5 4 4 4
ANTECEDENT CAUSES	S IB) DUE TO	N JOUT OV O	windr	V J C
DISEASES OR CONDITIONS, if				
rise to the above cause (A)	stating the (C)			000000000000000000000000000000000000000
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING			
	ATED TO THE			
E TO THE DEATH BUT NOT REL				
TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WER	E FINDINGS CONSIDERED
TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON		20A. AUTOPSY? (Yes or No)	208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER 21A. A CCIDENT WAS UNDERLYING	NDITION FOR WHICH OPERATION REFORMED 218. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location)
TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COP WAS PER	NDITION FOR WHICH OPERATION REFORMED	n or obout 21 C. WHERE DID	IN CERTIFYING C	CAUSES OF DEATH?
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VS 150-REV, 1/1/65

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BALITHORY

721 W. CHRIEY ST.

28-5-01

A-2-1

SHEW GERMAP

THOTTAS

THURST OF TOWN

CHECK PORTS OF

CHUM CO HEME + HUSDIAL 100 pr Bacadonal ST. Britt, Hd

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JAMES PIKE